#### ACKNOWLEDGEMENT OF RECEIPT

DEFENDANT: David Royse Ladd

DOCKET NUMBER: 89-CR-083-005-E

I hereby certify delivery of the above styled Sentencing Memorandum to the U. S. Attorney's Office this date.

U. S. Probation Office

August 9, 1993

Date

AUG 0 9 1993
U. S. ATTORNEY
N. D. OKLAHOMA

Р	E 45	304	259		Ladd
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## Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

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	Street and No O 2900 Miss - Continent Jone
	So., State and ZIP Code July OK. 74103
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	Certified Fee
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1	Restricted Delivery Fee
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SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the mailpiece, or on the back does not permit.  Write "Return Receipt Requested" on the mailpiece below the authority of the return Receipt will show to whom the article was delivered.	ticle number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  2.  Restricted Delivery
3. Article Addressed to:  David R. Ladd  Go John Dowdell  2900 Mid -Continent  Jower  Julsa, OK 74103  5. Signature (Addressee)	4a. Article P 2  4b. Servic Registe Certifie Express  7. Date of	to Type cred Insured I
6. Signature (Agent) PS Form 3811, December 1991 ±U.S. GPO: 1992—323-		is paid)  ESTIC RETURN RECEIPT

Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the mailpiece, or on the back it does not permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered addivered.  3. Article Addressed to:  The A	space cle number. nd the date  4a. Art P 4b. Se Reg Exp 7. Dat	following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee.  ticle Number  2. 45 30 4 25 9  rvice Type istered Insured tified COD Return Receipt for Merchandise  te of Delivery 8-10-93  dressee's Address (Only if requested fee is paid)
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UNITED STATES DISTRICT COURT H I L E I

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OCT 1 1933 ( Richard M. Lawrence, U. S. DISTRICT CO	Clerk URT HOMA
Richard M. Laurence, Court Clark U.S. DISTUROT COURT	
UNITED STATES OF AMERICA ) Plaintiff )	
VS ) Case Number: 89-CR-083-005-E	
DAVID R. LADD ) Defendant )	1
John Dowdell Attorney for Defendant	. ISSH/

me - - - - b.

#### ORDER REVOKING PROBATION AND SENTENCE

Heretofore on the 15th day of May, 1990, the defendant was sentenced to a five year term of Probation after pleading guilty to Conspiracy to Manufacture and Distribute Methamphetamine, Title 21, U.S.C., Section 846, and 841(a)(1). This was a downward departure from the guideline range of 97 to 121 months, based on a motion by the Government recommending a downward departure based on the defendant's substantial cooperation with the Government, pursuant to Section 5K1.1 of the U. S. Sentencing Guidelines.

This matter came on for a Show Cause Hearing on Probation Revocation on July 26, 1993, at which time the defense stipulated to the evidence presented by Senior U. S. Probation Officer, Robert E. Boston, which included approximately 23 laboratory reports

I hereby certify that the print is a true copy of the original on the in this Court.

Richard M. Lawrence, Clerk

BM-Callonal

that urine specimens submitted by the defendant were positive for use of Marijuana.

The matter was set for disposition on August 16, 1993, at which time the Court found the defendant in violation of the conditions of probation by Possession of Controlled Substance as evidence by the positive laboratory reports.

It is the Order of the Court that Probation is revoked and the defendant is committed to the custody of the Bureau of Prisons for a term of four (4) months. This sentence is a downward departure from the revocation guideline range, as determined by the Court to be twenty months, based on the original motion by the Government that the defendant be sentenced to a term below the established guideline range. recommendation of the Court that the defendant be designated to a facility capable of dealing with his medical problems and his history of substance abuse.

Chief U. S. District Judge

Reviewed and Approved:

Dennis R. Bidwell, Warden
By: C. Johnston, UF.

leag. 16,1993

#### **MINUTE SHEET - SENTENCING**

CASE NO. 89-02-83-05
DATE 8-16-93 USA V. David Royse Ladd
JUDGE Ellison DEPUTY Smith REPORTER G. Strough RECORDER
Counsel for Plaintiff: Jack Margan'  Counsel for Defendant: John Lowdell
Counsel for Defendant: John Lowdell
SENTENCE:
BOP 4 mas (a instit w/medical treatment?
BOP 4 mos a instit w/medical treatment?  Debotance abuse program; Probation is revoked.  Court orders that A have all medical support who is required at Julsa County Jail.
Costs
Ct(s) Dismissed in open Court.
Defendant advised of right to appeal;  Bond exonerated. Appeal bond set:  Defendant gives oral notice of appeal.  Findings made.
U.S. Marshal to advise of designated institution

# JNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

#### GENERAL MINUTE SHEET

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Plaintiff		Case No.	89-CR-83-05-E
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Defendant		Date 730	9-43
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Plaintiff Attorneys	k Mergan		
Defendant Attorneys Och	Don't ll		
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# UNITED STATES DISTRICT COURSIONSTHERN DISTRICT OF OKLAHOMA

#### GENERAL MINUTE SHEET

Usa				
Plaintiff		Case No.	89-CR-	83-05 10 D
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Defendant		Date 7	26.43	
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Plaintiff Attorneys	ack Margan	5		
Defendant Attorneys	The Dowdell			
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N THE CASE O	F					OKND 4662
Unite	d States	VS	. David Ro	yse Ladd		DATE PAID 11 22 199
PERSON REPRE			8. LOCATION/	ORGANIZATION CODE		DATE PAIDUL A H IJJ
	Royse Ladd			OKNTU		
Probation	REVOCATION HE	iring to be	RIGHT BRIEFTY 2	26, 1993		
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Propation	Revocation Hea	aring neid of	une 10, 19:	32 •		
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## UNITED STATES PROBATION OFFICE MEMORANDUM

DATE:

May 25, 1993

REPLY TO ATTN OF:

Robert E. Boston

Senior U. S. Probation Officer

P.O. Box 1287

Tulsa, Oklahoma 74101-1287

SUBJECT:

David R. Ladd

Case No. 89-CR-83-05

TO:

The Honorable Jeffrey Wolfe

U.S. Magistrate Judge

#### Your Honor:

Mr. Ladd is to appear June 11, 1993, before The Honorable James Ellison for a Probation Revocation Hearing. This appearance comes by way of a Summons. Mr. Ladd resides in Akron, Ohio and has made arrangements to report to this probation officer on June, 1, 1993. He is indigent and has requested appointment of counsel.

Attached is a Financial Affidavit signed by the defendant. It is respectfully requested that Your Honor appoint counsel to represent Mr. Ladd.

Respectfully submitted,

Robert E. Boston

Senior U. S. Probation Officer

# United States District Court I L E D

Northern

DISTRICT OF

Oklahoma

MAY 2 0 1993

UNITED STATES OF AMERICA

SUMMONS IN A CRIMINAL CASE

David Royse Ladd 1714 Maple Ave. N. E. Canton OH 44705

CASE NUMBER:

89-ER-083-005-E

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place U. S. Court House and Post Office	Room
333 W. 4th St. Tulsa Oklahoma	Court Room #1 Date and Time
Before: Honorable James O. Ellison, Chief U. S. Distric	et Judge June 11,1943,2:30 P.
To answer a(n) □ Indictment □ Information □ Complaint □ Violation Notice	Probation Violation Petition
Charging you with a violation of Title18United States Code, S	Section(s) 3565 (a) (2)
Brief description of offense: See attached Petition	

	RETURN OF SERVICE
Service was made by me on:1	Date MAY 14, 1993
Check one box belo	ow to indicate appropriate method of service
☐ Served personally upon the defendant at:	
discretion then residing therein and ma	ing house or usual place of abode with a person of suitable age an iled a copy of the summons to the defendant's last known address swas left: Jackie Lad - Wife of David Ladd
☐ Returned unexecuted:	
I declare under penalty of perjury un	nder the laws of the United States of America that the foregoin
I declare under penalty of perjury un information contained in the Return of Sen	nder the laws of the United States of America that the foregoin vice is true and correct.
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Returned on May 14, 1993	Albert Z. Moore. Name of United States Marshal
Returned on May 14, 1993	Name of United States Marshal
Returned on May 14, 1993	Name of United States Marshal
Returned on May 14, 1993	Name of United States Marshal

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# United States District Court

Northern	DISTRICT OF	Oklahoma
UNITED STATES OF AMERICA V.	SUMMON	S IN A CRIMINAL CASE
David Royse Ladd 1714 Maple Ave. N. E. Canton OH 44705	CASE NUMBER	89-CR-083-005-
(Name and Address of Defendant)		
YOU ARE HEREBY SUMMONED to appetime set forth below.	ear before the United States [	District Court at the place, date and
U. S. Court House and Post Off 333 W. 4th St. Tulsa Oklahoma		Room  Court Room #1 Date and Time
Before: Honorable James O. Ellison	, Chief U. S. Distri	ct Judge June 11,1993, 2:30 P.
To answer a(n) ☐ Indictment ☐ Information ☐ Com	nplaint	Probation Violation Petition Section(s) 3565 (a) (2)
Brief description of offense: See attac	shed Retition	
	·	
Bluely Mc Cullaugh Signature of Issuing Officer	Date	5/93
Name and Title of Issuing Officer		

CJA 21 (Int. 1/88) AUTHORIZATION AND VO	OUCHER !	FOR EXPERT AND OTHER	SERVICES	
1. JURISDICTION 1 MAGISTRATE 2 DISTRICT	, n	2. MAG. DOCKET NO.	VOUCHER NO.	121153
3. DISTRICT DOCKET NO. 4. APPEALS DOCKET N 89-CR-83-(05)-E	10.	5. FOR (DISTRICT/CIRCUIT) N.D. Oklahoma	6. LOC. CODE OKNIU	7. CASE CODE
Probation violation		8. IN THE CASE OF United States	vs. David Royse	Ladd
9. PERSON REPRESENTED (FULL NAME)  David Royse Ladd		11. PROCEEDINGS FOR WHICH SE (DESCRIBE BRIEFLY)	RVICES THE REQU	EEL
10. PERSON REPRESENTED (STATUS)  1. DEFENDANT - ADULT 3 APPELLANT' 5 2 DEFENDANT - JUVENILE 4 APPELLEE		Hearing - Revocation	SEF	9 - 1992
12. TYPE OF SERVICES REQUESTED  1 INVESTIGATOR 5 POLYGRAPH  2 INTERPRETER 6 DOCUMENTS  3 PSYCHOLOGIST 7 FINGERPRINT  4 PSYCHIATRIST 8 ACCOUNTANT	STICS	13. SERVICES TO BE PROVIDED BE Samuel J. Sherman, E CHILDREN®S MEDICAL C 5300 East Skelly Dri Tulsa, OK 74135	ENTER NUMBER LVE (918) 628-	Bi31mer o
14. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES psychologist see instructions for item 14.)  See attached Exhibit A	i. Use addition	nal sheets if necessary. (If requesting p	sychiatrist or	Å
		16. ESTIMATED COMPENSATION	(Describe hasis, i.e. hr	surly or dally
15. ATTORNEY'S STATEMENT  As the attorney for the person represented that named above affirm that the services requested are necessary for adequate retion. I hereby request  Authorization to obtain the service or	/e, mhereby . epresenta-		rate or fixed (ee)	
Approval of services already obtained to be paid for by the States pursuant to the Criminal Justice Act. (Note: Prio) authorization should be obtained for services to of \$300)	United in excess	17. COURT ORDER Financial eligibility of the persor to the court's satisfaction, the au hereby granted.	represented having be thorization requested	en established in item 15 is
SIGNATURE OF ATTORNEY TELEPHONE NO. (918) 583-7571  1 FOD 2 PAPANEL ATTORNEY 3 RETAINED ATTY. 4		SIGNATURE OF PRESIDING JUDICIAL OFFICER	Wilson	€ 5/8/92 DATE /92
		R SERVICE		
18. ITEMIZATION OF SERVICES RENDERED AND EXPENSE services and basis of compensation claimed. Attach receipts to necessary.)	SINCURRE	D (Include dates and duration of	A. TOTAL COMPE \$ 1,290.0	
See attached Exhibit	"B"		s -0-	
CONTRACTOR	73-/	17 9 2 11	\$ 1,290.0	
19. CLAIMANT'S CERTIFICATION FOR PERIOD 2-1d-7  F NAL PAYMENT   INTERIM PAYMENT NO.   I hereby certify that the above claim is correct and that I have received payment from any other source for the services rende voucher.	NOT claimed	d or Table	OF ATTORNEY at these services were r	endered.
Soul Shew Th. D	<b>D</b> /	7/27/9 ATTORNEY'S SIGN	NATURE SALL	DATE
		OR PAYMENT	-	
21(a). Either the cost of these services does not exceed \$300, or p	rior authoriza	ation was obtained. 85//	A. COMPENSA	
SIGNATURE OF PRESIDING JUDICIAL OFFICER	DATE	15/91 1, 290.00 JUDGE/MAC CODE	s s	TION .
21(b). Prior authorization was not obtained, but in the interest of of these necessary services could not await prior authorization.	justice the co	ourt finds that timely procurement ugh the cost exceeds \$300.	B. EXPENSES	
SIGNATURE OF PRESIDING JUDICIAL OFFICER	DATE	0/92 85// JUDGE/NA. CODE	C.TOTAL AMO	OUNT APPROVED
21(c). Services procured in accordance with Federal public defend  SIGNATURE OF FEDERAL PUBLIC DEFENDER	ter general bu	dget authority.  DATE	\$12.90	00
23. Excess payment approved under 18 U.S.C. 3006A(e)(3)		▶8-4-9a	24. TOTAL APPRO	VED
SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DE		DATE DDRESS (Include city, state & zip co	110110	4
Samuel J. Sherman, Ph.D. 3	3742 E.	59th Place, Tulsa,	OK 74135	
SS# 158-36-0728	John E.	y's NAME AND ADDRESS (Include Dowdell, Esq., NO id-Continent Tower,	RMAN & WOHL	GEMUTH,

#### EXHIBIT A

A psychological evaluation will be conducted by Dr. Sherman. A focus of Dr. Sherman's evaluation will be to determine whether Mr. Ladd is addicted, in any way, to the use of marijuana. A series of written tests will be administered, among other things. Dr. Sherman has extensive experience in this field. These services are believed justified by the defense because the Probation Department is seeking to revoke his parole because of the defendant's use of marijuana -- in violation of the terms of his parole. The defense would like to explore the degree of control which Mr. Ladd may (or may not) have over his parole violations, and means which may exist to help the defendant, if appropriate.

SAMUEL J. SHERMAN, PH.D. Clinical Psychologist 3742 E. 59th Pl. Tulsa, OK 74135

June 17, 1992

In initially estimating the costs of providing the Psychological Evaluation of David Ladd, I was of the belief that Mr. Ladd's case would be relatively clearcut. At my first meeting with Mr. Ladd, I became aware of his previous hospitalization and treatment for substance abuse. The time spent in reviewing these additional records, re-interviewing Mr. Ladd following my receipt of the records, integrating these findings and discussing these with Mr. Dowdell resulted in a portion of the increase over my original estimate.

The second portion of the increase was due to Mr. Boston's request for a written report concerning my findings to aid the Probation Department in Mr. Ladd's transition to Freedom House.

Samuel J. Sherman, Ph.D. Clinical Psychologist

#### SAMUEL J. SHERMAN, PH.D. Clinical Psychologist 3742 E. 59th Pl. Tulsa, OK 74135

June 17, 1992

#### INVOICE

RE: LADD, David

Evaluation

#### FOR PROFESSIONAL SERVICES RENDERED:

May 12, 1992	Clinical Interview (\$95.00/hour) Review of Prior Proceedings Psychological Testing		hrs. \$	142.50 95.00
	(Minnesota Multiphasic Personality In (Millon Clinical Multiaxial Inventory	ventor -II)	y-2)	75.00 75.00
June 3, 1992	Review of Records of Prior Treatment	1	hr.	95.00
June 4, 1992	Court Preparation Clinical Interview	2	hrs. hr.	190.00 95.00
June 16, 1992	Court Preparation and Testimony	4	hrs.	380.00
June 17, 1992	Transition Services and Report TOTAL	1 1/2	hrs.	142.50

#### UNITED STATES COURT OF APPEALS

TENTH CIRCUIT
UNITED STATES COURTHOUSE
DENVER, COLORADO 80294

JOHN P. MOORE
CIRCUIT JUDGE

August 4, 1992

Honorable James O. Ellison, Chief Judge United States District Court Northern District of Oklahoma Room 4-500 U. S. Courthouse Tulsa, OK 74103

RE: No. 89-CR-83-05-E - David Royse Ladd CJA Voucher No. 0121153

Dear Judge Ellison:

I am returning the above voucher with my approval in the amount of \$1,290.00, in accordance with the recommendation set forth in your letter of July 30, 1992.

After you have completed Items 22.A., B. and C., the voucher can then be processed for payment.

Very truly yours,

John P. Moore

JPM:gmz Encl. United States District Court

James (D. Ællison Chief Judge Northern Bistrict of Oklahoma 333 West Jourth, Room 4-472 Jederal Building Tulsa, Oklahoma 74103

(918) 581-7981 (**30%**) 736-7981

July 30, 1992

Honorable John P. Moore United States Circuit Judge Attention: Gloria Zimmerman C-438 U.S. Courthouse Denver, Colorado 80294

Re: Case No. 89-CR-83-05-E - USA V. DAVID ROYSE LADD

CJA Voucher No. 0121153

Dear Judge Moore:

Enclosed is CJA Voucher No. 0121153 representing charges for the services of Dr. Samuel J. Sherman in the captioned matter.

I request approval of the captioned voucher because the analysis and opinion of Dr. Sherman was of great assistance to the Court in arriving at an appropriate action in Mr. Ladd's case. I certify to you that the charges are reasonable and necessary to the defense of the case.

Very truly yours,

James O. Ellison, Chief Judge United States District Court

JOE: bjh

Enclosure

1 HIDISPICTION	NTMENT OF A		AG. DOCKET		3. DIST. CT.	KET NO.	VOWCHER	
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the attorney whose name appears in this case.	item 14 is appointed to	represent this pr	erson in	16B	SOCIAL SECURI (Only provide per			LOYER I.D. NO.
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#### NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW
2900 MID-CONTINENT TOWER
TULSA, OKLAHOMA 74103

CHARLES E. NORMAN JOEL L. WOHLGEMUTH R. JAY CHANDLER JOHN E. DOWDELL THOMAS M. LADNER WESLEY G. CASEY WILLIAM W. O'CONNOR

(918) 583-7571 TELECOPIER (918) 584-7846

June 29, 1992

The Honorable James O. Ellison Chief Judge 4-500 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Re: <u>United States of America v. David Royse Ladd</u>, United States District Court for the Northern District of Oklahoma, No. 89-CR-83-(05)-E

Dear Judge Ellison:

The Federal Public Defender has requested that I provide you with a letter explaining why the services rendered pursuant to my appointment on behalf of David Royse Ladd have exceeded the \$3,500.00 fee limit set forth in § 3006A(d)(2) of the Criminal Justice Act.

I have twice applied to be reimbursed for fees and expenses in this case. In connection with my appointment to represent Mr. Ladd following his indictment, I had applied for \$2,268.00 in fees. That compensation was for all services rendered on Mr. Ladd's behalf through his sentencing hearing. I have separately applied for recovery of \$1,786.00 in fees for services rendered in connection with the United States Probation Department's petition to revoke Mr. Ladd's probation.

As the Court is aware, the revocation proceedings involved the analysis of extensive medical records relating to David Ladd's psychiatric and physical condition. This analysis included the engagement of Dr. Samuel J. Sherman, Ph.D., a clinical psychologist, who examined Mr. Ladd extensively and ultimately testified on his behalf at the revocation of probation hearing. As Dr. Sherman's testimony revealed, David Ladd's personal situation is quite complex, and his substance abuse problems are extreme. In order to accurately communicate the defendant's position to the Court, it required that I devote significant time

Honorable James O. Ellison June 29, 1992 Page 2

to meeting with Dr. Sherman and David Ladd. This time was required in order to develop the facts of the alleged probation violations, the history of David Ladd's substance abuse, and in order to prepare Dr. Sherman for his testimony.

I have always enjoyed the opportunity to serve, under the Criminal Justice Act, those financially unable to retain counsel. I have also attempted to ensure that the fees applied for are reasonable. I believe that the fees sought in the fee application relating to the revocation of probation proceedings are reasonable under the unique circumstances of this matter.

Please let me know if there is any further information which I can provide the Court in connection with this matter.

Sincerely,

John E. Dowdell

JED:sw

	OUT OF COURT HOURLY WORKSHEET		ÜŞ	Case Number: Voucher Number:	89-CR-83-(05) -E	(05) –E
Date	Brief Description of Services	Interviews and conferences	Obtaining and reviewing records	Legal research and brief writing	Travel time	Investigative and other work
- 16/6/8	See attached Exhibit "A" *	14.90				
6/16/92	See attached Exhibit "B" *		2.40			
44	See attached Exhibit "C" *			15.60		
=	See attached Exhibit "D" *					9.50
	* See Exhibit "F" for complete description					
	of services performed.					
	Page Total	14.90	2.40	16.1		9.50
	Grand Total	14.90	2.40	16-1		9.50

Page

EXHIBIT "A"

### OUT OF COURT TIME: A. Interviews and Conferences

1991	TIME	1992	TIME
08/09/91	.20	04/07/92	.30
		04/09/92	.70
		04/10/92	.30
	.20	04/14/92	.60
		05/01/92	.70
		05/05/92	1.20
		05/06/92	.40
		05/11/92	.10
		05/13/92	.20
		05/19/92	.10
		05/20/92	.20
		06/01/92	.20
		06/02/92	.50
		06/04/92	4.00
		06/05/92	1.00
		06/09/92	.30
		06/15/92	.50
		06/16/92	3.40

#### EXHIBIT "B"

### OUT OF COURT TIME: B. Obtaining and Reviewing Records

<u>1991</u>	TIME	<u>1992</u>	TIME
08/09/91	.80	04/14/92 05/01/92 05/11/92 05/20/92 06/01/92	.40 .30 .20 .30

#### EXHIBIT "C"

#### OUT OF COURT TIME: C. Legal Research and Brief Writing

1992	TIME
04/07/92 04/09/92 04/10/92 05/05/92	.70 .90 .40
05/06/92 05/21/92	.80 1.20
05/27/92 06/01/92	2.50
06/02/92 06/03/92	1.50 1.80
06/04/92 06/09/92	1.00 1.10
06/13/92 06/15/92	1.00

#### EXHIBIT "D"

## OUT OF COURT TIME: D. Investigative and Other Work

1992	TIME
04/10/92 04/21/92 05/05/92 05/06/92 05/06/92 05/11/92 05/13/92 05/19/92 05/20/92 05/20/92 05/21/92 05/28/92 06/04/92 06/05/92 06/13/92 06/16/92	.10 .30 1.40 .80 .70 .20 .30 .40 1.00 .60 .30 1.00 1.00
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Page 2

IN COURT HOURLY WORKSHEET

Voucher Numbers Case Number:

89-CR-83-(05)-E

0610704

Appeals Court Revocation 1.5 1.5 1.5 Trial Sentence Hearings Bail Hearings Arraignment Motions and and/or Plea Requests Reguests Grand Total Page Total description of services performed probation See Exhibit "F" for complete Of Brief Description of Services on revocation Hearing ĸ 6/16/92 Date

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#### EXHIBIT "E"

#### IN COURT TIME:

F. Revocation Hearings

1992 TIME

06/16/92 1.50

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#### NORMAN & WOHLGEMUTH

ATTORNE'S AT LAW
2900 MID-CONTINENT TOWER
TULSA, OKLAHOMA 74103

TELEPHONE 918-583-7571 FACSIMILE 918-584-7846 TAXPAYER ID NO. 73-0946980

June 18, 1992

#### Billed through 06/18/92

Statement No. 605-00001-007 JED

David Royse Ladd 1714 Maple Avenue N.E. Canton, Ohio 44705

RE: U.S.A. v. David Royse Ladd, U.S. District Court for the Northern District of Oklahoma, No. 89-CR-083-005-E

#### For Professional Services Rendered

08/09/91 JED	telephone conference DRL	1.00
04/07/92 JED	Draft application to reschedule hearing on revocation of probation and related order; telephone conference U. S. Probation Dept.; telephone conference federal public defender re appointment	1.00
04/09/92 JED	Telephone conferences S. Kallenberger and Dave O'Meilia re petition and rescheduling hearing; revisions to draft application to reschedule and related order filed; telephone conference D.	1.00
04/10/92 JED	Ladd; correspondence; telephone conference Ladd Revised and filed application to strike setting on revocation of probation and related order; telephone conference Judge Ellison's clerk	1.60
04/14/92 JED	(Beverly) re same Order rescheduling hearing on petition to revoke probation; telephone conference Ladd re same and facts	.80
04/21/92 JED	Correspondence S. Kallenberger, Jack Morgan and David Ladd	1.00
05/01/92 JED	Reviewed Ladd correspondence; telephone conference Ladd; telephone conferences	.30
05/05/92 JED	psychologist re interviewing Ladd Telephone conferences Dr. S. Sherman re meeting with Ladd and overall situation; correspondence Dr. Sherman re same and provided documents; correspondence D. Ladd; draft application to reschedule revocation of probation hearing; telephone conference court reporter re need for sentencing hearing transcript and follow-up re completion of transcript order form; telephone	1.00

#### Norman & Wohlgemuth

ATTORNEYS AT LAW

## 2900 MID-CONTINENT TOWER TULSA, OKLAHOMA 74103

TELEPHONE 918-583-7571 FACSIMILE 918-584-7846

TAXPAYER ID NO. 73-0946980

David Royse Ladd Statement No. 605-001-007 JED

PAGE 2

05/06/92 JED	conference U.S. Attorney re objection to moving hearing Telephone conferences Jack Morgan and Scott	3.20
	Kallenberger re conflict and psychologist issues; correspondence D. Ladd and Dr. Sherman; order from court rescheduling hearing and revised	
05/07/92 JED	application to reschedule in view of same; draft papers for authorization to engage Dr. Sherman Forward papers to Dr. Sherman; telephone	2.00
05/11/92 JED	conference Jack Morgan; filed rescheduling papers; correspondence David Ladd Forwarded papers to DRL and telephone conference Dr. Sherman; received order from court	.70
05/13/92 JED	rescheduling hearing on revocation Conference DRL re psychological evaluation; draft letter to Ohio institution where he received	.50
05/19/92 JED	counseling subject: release of records related to same Correspondence Donofrio alcohol rehabilitation	.50
05/00/00 777	and psychological centers in Ohio for DRL's records; correspondence Sam Sherman re same; telephone conference Ladd	.50
05/20/92 JED	Telephone conference court reporter; correspondence Dr. Sherman and David Ladd; work on hearing notebook	1.50
05/21/92 JED	Complete preparation of hearing notebook; research re revocation of probation statutes and standards applicable to same	1.80
05/27/92 JED 05/28/92 JED 06/01/92 JED	Research - grounds for revoking probation Follow-up re Ohio hospitals' records of DRL Telephone conferences DRL and Ohio hospital	2.50
	representatives re records; telephone conference Dr. Sherman; research re revocation of probation standards and preparation of hearing notebook;	
06/02/92 JED	received, reviewed correspondence from S. Kallenberger and related documentation Telephone conference Dr. Sherman re hearing on revocation; telephone conference Ladd; research	1.20
06/03/92 JED	re standards and details of proof in preparation for hearing on revocation of probation Research re positive urinalysis amounting to	2.00
06/04/92 JED	"possession" under the guidelines Extensive meetings with DRL and Dr. S. J.	1.80

#### Norman & Wohlgemuth

ATTORNEYS AT LAW

## 2900 MID-CONTINENT TOWER TULSA, OKLAHOMA 74103

TELEPHONE 918-583-7571 FACSIMILE

TAXPAYER ID NO. 73-0946980

57.15

918-584-784		
David Royse Ladd Statement No. 605-001-007 JED		PAGE 3
	Sherman; preparation of Sherman deposition and details re same; research re standards and interpretation of "possession" and the revocation portion of the sentencing guidelines	6.00
06/05/92 JED	hearing; telephone conferences Dr. Sherman and S. Kallenberger re same; conference DRL; prepare for	
06/09/92 JED	correspondence re same with DRL and Dr. Sherman; telephone conference DRL; work on memorandum of	2.00
06/13/92 JED		1.80
06/15/92 JED	argument outline Prepared memorandum of law for court revised same and filed; telephone conference Dr. Sherman	1.50
06/16/92 JED	re hearing; telephone conference AUSA re same Meetings with DRL and Dr. Sherman; final preparation for hearing; court for hearing on petition to revoke probation; meeting with probation department; correspondence Dr. Sherman; details re transition of DRL to Freedom House	2.50
Disbursements		
	Taxi/cash advance for taxi from our office to bus station	15.00
	Miscellaneous Expense/copies of medical records of David Ladd from Glenbeigh Hospital of Cleveland	10.00
	Facsimile Expense	10.11
	Courier Service	8.05
	Photocopies	8.55
	Long Distance Telephone	5.44

TOTAL DISBURSEMENTS

**NORMAN & WOHLGEMUTH** 100 VENDO OUR REF NO. YOUR INVUICE NO. INVOICE DATE INVOICE AMOUNT AMOUNT PAID DISCOUNT TAKEN NET CHECK AMOL 2 LA00 06/02/92 10,00 10.00 to ark thes WESTSTAR BANK TULSA, OK 74146 NORMAN & WOHLGEMUTH 86-268-1039 ATTORNEYS AT LAW 2900 MID-CONTINENT TOWER 583-7571 CHECK NO. CHECK DATE VENDOR NO. TULSA, OK 74103 CHECK AMOUNT TEN AND 00/100 DOLLARS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 事本本本本本本本をといってい PAY Glenbeigh Hospital TO THE 18120 Puritas Road NORMAN & WOHLGEMUTH ORDER OF Cleveland, Ohio 44135 #005044# #103902681# 5000534# - By - see a by see a degree to GLENBEIGH HOSPITAL OF CLEVELAND 18120 PURTTAS ROAD CLEVELAND, OHIO 44135

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Statement #: MR Patient's Name: ADD Chart Number: 10415 Your Number: Billed to: NORMAN+ WOHLZEMUTH Charges for photocopies of medical records; Outstanding: Pre-paid: 10 00-Balance due: 才 Please pay this amount.

61 4804Y PLEASE RETURN ONE COPY WITH PAYMENT

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VENDOR:

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**NORMAN & WOHLGEMUTH** 

ATTORNEYS AT LAW 2900 MID-CONTINENT TOWER 583-7571 TULSA, OK 74103

WESTSTAR BANK TULSA, OK 74146 86-268-1039 SHESK NO.

CHECK DATE VENDOR NO.

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CHECK AMOUNT

PAY TO THE ORDER

Advantage Frinting, Inc. 2172 Locust St., S.E. Canal Fulton, Ohio 44614

NORMAN & WOHLGEMUTH

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NINE AND 54/100 DOLLARS\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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ADVANTAGE PRINTING, INC. 2172 Locust St. S.E. Canal Fulton, Ohio 44614 (216) 854-6612

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the attorney whose name appears in i			16B. SOCIAL SE (Only provid	CURITY NO. le per instructions)	16C. EMPLOYER I.D. NO. (Only provide per instruction
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yes, give details on additional sheets. swear or affirm the truth or correctnes			. ,		1 . , (1) 1.
omoai or animi the truth or correctnes	s of the above statements [	SIGNATURE OF ATTORNE	V (DAVE	× 1	- (C 1),10
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	N.D. (	OKLAHOMA	OENTU				PR
. IN THE CASE OF					REPRESENTED (FULL		9A. NO.
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D. PERSON REPRESENTED (ST.		LANT 5 X OTHE	_	11. PROCEE	DINGS (Describe brief)	y)	
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2. PAYMENT CATEGORY	46-3				- ALL PROC		
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3. COURT ORDER	APPEAL	probation	WIDIAL ION	114.1	FULL NAME OF ATTO	DNEV/DAVEE /Einst N	Namo M. Last Namo
O Appointing Counsel F	☐ Subs. for FI				ncluding Suffix) AND N	MAILING ADDRESS	varie, w.j., Last value,
C ☐ Co-Counsel F P ☐ Subs. for Panel Atty	R □ Subs. for Re	etained Atty.			John Dowdell		
•		me of prior panel atto					er, 4015, On
Apot. Date3/30/92		ucher No. 061	.0704		Tulsa, OK 7	4103	
				15. \	WORK PHONE	16A Does the attorn	ey have the preexisting ag
Because the above-named "pers	on represented"	has testified under o	ath or has	010/	E00 7E71		uctions) with a corporation essional corporation?
otherwise satisfied this court that and (2) does not wish to waive of	t he or she (1) is	financially unable to	employ counsel		583-7571	XX) Yes 🗆 N	lo
the attorney whose name appea	rs in item 44 is a	ppointed to represen	t this person in	16B	SOCIAL SECURITY N (Only provide per inst		MPLOYER I.D. NO.
this case.	1	0				7	Only provide per instruction 3-0946980
> - flore	10/1	A. drim		16D	NAME AND MAILING (Only provide per inst		FIRM
Sig. of Presiding Judicial Office	er or By Order o	of Court (Clerk/Depu	ty) 8-3-9	7	NORMAN & WO	II.GEMUTH	
March 00 1000		->-	4-1-1	-	2900 Mid-Cor		er
March 30, 1992  Date of Order		Nunc Pr	Tunc Date		Tulsa, OK	74103	
	,		M FOR SERVIC	ES OP EY	DENSES		
S	ERVICE	OLAII	HOUF		DATI	ES	Multiply rate per hour
a. Arraignment and/or Plea					DAII		times total hours to obtain "In Court"
b. Bail and Detention Hearings	-						compensation.
c. Motions Hearings					···		Enter total below.
d. Trial	•						- 17A. TOTAL IN
e. Sentence Hearings							COURT COMP.
f. Revocation Hearings			1.5	6	/16/92		
g. Appeals Court							
h. Other (Specify on additional							`
	\$60	) TOTAL HOURS =	1.5		(0.10)		\$ 90.00
a. Interviews and conferences			14.9		8/9/91 <b>-</b> 6/10	6/92	Multiply rate per hour times total hours. Ente
b. Obtaining and reviewing red     c. Legal research and brief with			2.4		11		total "out of court"
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(Rate per hour = \$ TRAVEL, LODGING, ME		) TOTAL HOURS =	42.	OTHER EXP	PENSES	ANACHINE	\$-1,716.00
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☐ Final Payment I ☐ Interim yes, were you paid? ☐ YES	Payment No	Has comp	ensation and/or rei	mbursement fo	or work in this case pro	eviously been applied	I for? TYES I NO
yes, were you paid? YES	☐ NO If yes, b	y whom were you pa	id?	_ How much?	\$2336.44 Has	the person represent	ed paid anv
oney to you, or to your knowled, yes, give details on additional sh	je to arryone eise	, in connection with	the matter for which	n you were ap	pointed to provide repr	esentation?   YES	T No
swear or affirm the truth or corre				-	1		- 17.10
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22. IN COURT COMP.	23. OUT C	F COURT COMP.	24. TRAVEL	EXPENSE	25. OTHER	EXPENSES	26. TOTAL AMT. APPROVED/CEI
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	THE SECOND COMMENTS OF THE PARTY OF THE PART	WULNIE TOD DELECT	· all l		DATE	1	
28. SIGNATURE OF CHIEF J	d // I I	A SELEC	AA(E)		DATE		29. TOTAL AMT. APPROVED

FEDERAL PUBLIC DEFENDER

WESTERN, NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

SUSAN M. OTTO
ACTING FEDERAL PUBLIC DEFENDER

July 10, 1992

NORTHERN AND EASTERN DISTRICTS

222 SOUTH HOUSTON, SUITE C

TULSA, OKLAHOMA 74127

(918) 581-7658 FTS 745-7858

Honorable James O. Ellison
United States District Judge
for the Northern District of Oklahoma
Attn: Ms. Rosanne Miller
411 United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Re: United States of America v. David Royce Ladd Case No. 89-CR-83-E CJA Voucher No. 0010704

Dear Judge Ellison:

Mr. John Dowdell, attorney at law was appointed to represent David Royce Ladd in the above referenced cause.

Mr. Dowdell informed me he has completed his services in the above matter and he has submitted his CJA 20 in order that I might review that form for its technical and mathematical accuracy.

The combined total of requested compensation is \$1,863.15, which exceeds the \$750 limitation (excluding expenses) provided by the Criminal Justice Act. As you know, an excess payment cannot be made unless the excess payment is first certified by the United States District Judge before whom representation was furnished and then approved by the Chief Judge of the United States Court of Appeals for the Tenth Circuit, or his designee. 18 USC \$3006A(d)(3).

I am enclosing for your consideration Mr. Dowdell's completed CJA 20, along with his letter explaining the amount of time devoted to the representation of his client and the necessity for excess compensation under 18 U.S.C. §3006(A).

Mr. Dowdell is also submitting the CJA-21 voucher for the services of Dr. Sherman. As you are aware, this office does not review vouchers submitted by experts and rendering services pursuant the Criminal Justice Act. I am forwarding Dr. Sherman's voucher and Mr. Dowdell's explanation for your review and consideration.

Sincerely

Susan M. Otto

Acting Federal Public Defender

SMO:rph

Enclosure: CJA 20 Voucher and supporting documents

cc: Mr. John Dowdell

James G. Filison

## United States District Court Northern District of Oklahoma

333 West Fourth, Room 4-500 United States Courthouse

Tulsa, Oklahoma 74103

June 5, 1992

(918) 581-7981 (FCS) 736-7981

TO:

COUNSEL/PARTIES OF RECORD

RE:

CASE NO. 89-CR-83-05-E - UNITED STATES OF

AMERICA V. DAVID ROYSE LADD

This is to advise you that Judge James O. Ellison entered the following Minute Order this date in the above-styled case:

The Revocation of Probation hearing scheduled for June 5, 1992, at 1:00 p.m. is continued and hereby reset for the the day of the da

Very truly yours,

parhara of Duchally

Barbara K. Bucholtz Law Clerk to JUDGE JAMES O. ELLISON UNITED STATES DISTRICT JUDGE

Counsel Notified

Clerk to Notify

## United States District Court for the

## Northern District of Oklahoma

U.S.A.

 $\mathbf{V}_{\bullet}$ 

NOTICE

CASE NUMBER: 89-CR-83-05-E

DAVID ROYSE LADD

TYPE OF CASE:

[] CIVIL

[X] CRIMINAL

[ ] TAKE NOTICE That a proceeding in this case has been set for the place, date, and time set forth below:

DATE AND TIME: ROOM NUMBER:

PLACE:

U.S. Courthouse 333 W. 4th St. Tulsa, OK 74103

TYPE OF PROCEEDING:

## REVOCATION OF PROBATION HEARING

[X] TAKE NOTICE that the proceeding in this case has been continued as indicated below:

DATE AND TIME PREVIOUSLY SCHEDULED: CONTINUED TO, DATE AND TIME:

PLACE:

5-13-92 @ 9:00AM 5-15-92 @ 10:00AM U.S. Courthouse 333 W. 4th St. Tulsa, OK 74103

DATE: 5-5-92

To: David Royse Ladd

John E. Dowdell John S. Morgan Probation Office

CLERK

## IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

## Minute Sheet - General

Usa:		·		• •
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Plaintif	f(s),	Case No	89-CR-83-0	S-E
vs.	_	Date	6/16/92	
David Royse	-Lodd	•		2
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Defendan	t(s).	eg.		
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JUDGE BREUT	DEPUTY OVER		REPORTER O	aslavka
JUDGE	DEPUTY	( -	REPORTER	
COUNSEL FOR:	Plaintiff _	k Mergan		
	Defendant	Dawder	le.	
A.C.	9			•
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Lout. Witness

1. Scott Kallenberger - And. off.

1. Samuel & Sherman

## 5220801184

DISTRICT DOCKETING NO.  B9-CR-83-(05)-E  IN THE CASE OF  United States of America  VS. David Noyse Ladd  PROCEDINGS TO BE TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY)  Hearing - Revocation of Parole  D. PROCEDINGS TO BE TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY)  NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebutlal, voir dire or jury instructions, unless specifically authorized by the Court (see Box 13C).  Sentencing Hearing - May 15, 1990  ATTORNEY'S STATEMENT  ATTORNEY'S STATEMENT  ATTORNEY'S TELEPHONE NO.  (918) 583-7571  1 FPD 2 CDO 3 CM PANEL ATTORNEY  ATTORNEY'S TELEPHONE NO.  (918) 583-7571  1 FPD 2 DATE  ATTORNEY'S TELEPHONE NO.  (918) 583-7571  A PANEL ATTORNEY DATE  ATTORNEY'S TELEPHONE NO.  (918) 583-7571  A PANEL ATTORNEY DATE  ATTORNEY'S TELEPHONE NO.  (918) 583-7571  A PANEL ATTORNEY DATE  ATTORNEY STATEMENT DATE  ATTORNEY STATEMENT DATE  FROM TOT	tablished to the Court's
DISTRICT DOCKETING NO.  89-CR-83-(05)-E  White Ase of United States of America  VS. David Royse Ladd  PERSON REPRESENTED  David Royse Ladd  PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY) Hearing - Revocation of Parole  PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY) NOTE: Trait transcripts are not to include prosecution explains statement, defense opening statement, prosecution argument, defense argument, prosecution freetable, with dire or july instructions, unless specifically authorized by the Court (see Box 13C).  Sentencing Hearing - May 15, 1990  ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  \$5/7/92\$  SIGNATURE OF ATTORNEY  A. Apportion  % of transcript with  B. \$\overline{A}\$ Expedited  Daily  Hourly Transcript  Prosecution Argument  Prosecution Rebuttal  Defense Opening Statement  Defense Opening Statement  Defense Argument  Defense Reprocess  CLAIM FOR SERVICES	CLASS. NOS. 192340 CJAF D100KNH 2 7221992 tablished to the Court's
IN THE CASE OF United States of America  VS. David Royse Laid PERSON REPRESENTED Bavid Royse Laid PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY) Hearing - Risvocation of Parole  PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY) NOTE: Trial transcripts are not to include procedulion opening statement, defense opening statement, prosecution segument, defense argument, prosecution Hearing - May 15, 1990  ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript searches at the expense of the United States pursuant to the Chiminal Justice Act.  SIGNATURE OF ATTORNEY ATTORNEY'S TELEPHONE NO. (918) 583-7571  The probability of the person represented having been estatisfaction, the authorization requested in literal to the Chiminal Justice Act.  SIGNATURE OF ATTORNEY ATTORNEY'S TELEPHONE NO. (918) 583-7571  The probability of the person represented having been estatisfaction, the authorization requested in literal to the Chiminal Justice Act.  SIGNATURE OF JUDGE OR MAGISTRATE  DATE  DATE  SIGNATURE OF JUDGE OR MAGISTRATE  DATE  DATE  SIGNATURE OF JUDGE OR MAGISTRATE  DATE  SIGNATURE OF JUDGE OR MAGISTRATE  DATE  SIGNATURE OF JUDGE OR MAGISTRATE  DATE  DATE  SIGNATURE OF JUDGE OR MAGISTRATE  DATE  SIGNATURE OF JUDGE OR MAGISTRATE  Financial liability of the person represented having been estatisfaction, the authorization requested in literal to the represented having been estatisfaction, the authorization requested in literal to the represented having been estatisfaction, the authoriz	Tablished to the Court's
United States of America  VS. David Royse laid  David Royse Ladd  PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY)  Hearing - Revocation of Parole  PROCEEDINGS TO BE TRANSCRIPE (DESCRIBE SPECIFICALLY)  NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Box 13C).  Sentencing Hearing - May 15, 1990  ATTORNEY'S STATEMENT  ATTORNEY'S STATEMENT  ATTORNEY STATEMENT  TO Obtain the transcript services at the expense of the United States pursuant to the Chiminal Justice Act.  \$\int_{\text{Signature of ATTORNEY}}\$  Signature of ATTORNEY  DATE  ATTORNEY'S TELEPHONE NO. (918) 583-7571    FD 2 CO 3 C PANEL ATTORNEY    RETAINED ATTORNEY   PRO SE  SPECIAL AUTHORIZATIONS  A. Apportion % of transcript with  B. Six Expedited Daily Hourly Transcript  C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal  Defense Opening Statement Defense Argument Directions Will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	tabilished to the Court's
PERSON REPRESENTED  David Royse Ladd  PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY)  Hearing — Revocation of Parole  PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY)  NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution structure, violation of upin instructions, unless specifically authorized by the Court (see Box 13C).  Sentencing Hearing — May 15, 1990  ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the ranscript requested is necessary for adequate representation. I therefore request suitorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.	tablished to the Court's
David Royse Ladd  PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY) Hearing — REVOCATION of Parole  PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY) NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution return argument, defense argument, prosecution argument   12. COURT ORDER   Financial inability of the person represented having been estatisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 11 is hereby satisfaction, the authorization requested in Item 12 is hereby satisfaction, the authorization requested in Item	
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As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request untorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.    Signature of Attorney	
SIGNATURE OF ATTORNEY  ATTORNEY'S TELEPHONE NO. (918) 583~7571  1   FPD 2   CDO 3   PANEL ATTORNEY 5   PRO SE  SPECIAL AUTHORIZATIONS  A. Apportion % of transcript with  B. Expedited   Daily   Hourly Transcript  C.   Prosecution Opening Statement   Prosecution Argument   Prosecution Rebuttal   Defense Opening Statement   Defense Argument   Voir Dire   Jury Instructions  D.   In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	
SIGNATURE OF ATTORNEY  ATTORNEY'S TELEPHONE NO. (918) 583-7571  1   FPD 2   CDO 3   PANEL ATTORNEY 5   PRO SE  SPECIAL AUTHORIZATIONS  A. Apportion % of transcript with  B.  Ex Expedited Daily Hourly Transcript  C.   Prosecution Opening Statement   Prosecution Argument   Prosecution Rebuttal   Defense Opening Statement   Defense Argument   Voir Dire   Jury Instructions  D.   In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	- WY
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A. Apportion % of transcript with  B. Expedited Daily Hourly Transcript  C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal Defense Opening Statement Defense Argument Voir Dire Jury Instructions  D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	5.30.75
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B.   Ex Expedited □ Daily □ Hourly Transcript  C. □ Prosecution Opening Statement □ Prosecution Argument □ Prosecution Rebuttal □ Defense Opening Statement □ Defense Argument □ Voir Dire □ Jury Instructions  D. □ In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	14. JUDGE'S INITIALS
C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal Defense Opening Statement Defense Argument Voir Dire Jury Instructions  D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	14. A.
<ul> <li>□ Defense Opening Statement</li> <li>□ Defense Argument</li> <li>□ Voir Dire</li> <li>□ Jury Instructions</li> </ul> D. □ In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. CLAIM FOR SERVICES	14. B.
of accelerated transcript services to persons proceeding under the Criminal Justice Act.  CLAIM FOR SERVICES	14. C.
	14. D.
COURT REPORTER/TRANSCRIBER STATUS  18. PAYEE'S ADDRESS (INCLUDE CITY, STATE AND ZIP	CODE)
Official Contract Transcriber Other United States Courthouse	
FULL NAME OF PAYEE 333 West Fourth Street	
Nary Ann McGinty Tulsa, Ok 74103 SOCIAL SECURITY OR EMPLOYER ID. NO. OF PAYEE 19. TELEPHONE NO.	
445-55-8970 AREA CODE (918 ) NUMBER 245-1161	
TRANSCRIPT INCLUDE PG. NOS. NO. OF PAGES RATE PER PAGE SUB-TOTAL DED. AMT. APPORTIONED	TOTAL
Original 1-13 13 \$3.00 \$ 39.00 \$	\$ 39.00
Copy \$ \$ \$	\$
Expenses (Itemize):	\$
CLAIMANT'S CERTIFICATION  I hereby certify that the above claim is correct and that I have not claimed or received payment from any other source for the services rendered and claimed on this voucher.  22. CERTIFICATION OF ATTORNES OF CLERK I hereby certify that the transcript ras reserved.	23. TOTAL CLAIMED
►/1/My Con- 1/10 > xave 1 > 5/20/92 >	
CLAIMANT'S CERTIFICATION DATE SIGNATURE OF ATTORNEY/CLERK OF COURT	<u> </u>
APPROVED FOR PAYMENT - MOURANT & JACON	DATE

# United States District Court

	NORTHERN		เมรายเสา	OF	OKT.AHOMA			
	WAINERN	J2 MAR 13	APISTRICT	01				
	UNITED STATES OF AM	ERICOHN CL	EVELANC	SUMM	IONS IN	A CRIMI	NAL CA	SE
	V.							
	DAVID ROYCE LADD		(	CASE NUM	BER: 89	-CR 83-05-i	LE	D
	<u>:</u>					APR -	2 1992	A
	(Name and Address of Defe	ndant)				Richard M. L U.S. DISTI	awrence, C	lerk T
	OU ARE HEREBY SUMMOI t forth below.	NED to appear	before the	United Sta	tes Distric	ct Court at th	e place, c	late and
lace					<del></del>	Room		
lace	U. S. Courthouse						urtroom :	#2
	333 West 4th Street Tulsa, Oklahoma 7410	าร					ınd Time	
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Before:	The Honorable James	O. Ellison				Up	ril 14, 199.	2, 1:00 pm
	etment			d States C	ode, Sectio	on(ş)356	1	
		SEE ATTAC	HED PETITION	OM				
Rich	ard M. Lawrence, Clerk			Marc	ch 9, 199	22		
	e of Issuing Officer rd Lawrence		i	Date	31 9, 199	72		
B.	d Title of Issuing Officer							
	of the Court							

	RETURN OF SERVICE
Service was made by me on: 1 Man	ch 16, 1992
Check one b	ox below to indicate appropriate method of service
Served personally upon the defend	dant at: 1714 Maple Ame. N.E.
☐ Left summons at the defendant's discretion then residing therein a	s dwelling house or usual place of abode with a person of suitable age and and mailed a copy of the summons to the defendant's last known address.
☐ Returned unexecuted:	
Returned on Nach 25,	in de la contest.
Date	Name of United States Marshal  With A Schrickin Lung 4500
	Name of United States Marshal  Name of United States Marshal  (by) Deputy United States Marshal
Remarks:	Name of United States Marshal  Name of United States Marshal  (by) Deputy United States Marshal
	Name of United States Marshal  Name of United States Marshal  (by) Deputy United States Marshal
	Name of United States Marshal  34 1 Schulung GSPO  (by) Deputy United States Marshal
	Name of United States Marshal  Name of United States Marshal  (by) Deputy United States Marshal
	Name of United States Marshal  Schuldungs (by) Deputy United States Marshal
	Name of United States Marshal  Name of United States Marshal  (by) Deputy United States Marshal
	Name of United States Marshal
	Name of United States Marshal

<sup>1)</sup> As to who may serve a summons see Rule 4 of the Federal Rules of Criminal Procedure.

Clerk of the Court

# United States District Court

	NORTHERN	DISTRICT OF _	OKLAHOMA	
	UNITED STATES OF AMERICA	CYT	ANAONE IN A	TOTALL CASE
	V.	301	MIMONS IN A C	RIMINAL CASE
	DAVID ROYCE LADD	CASE	NUMBER: 89-CR-	83-05-E
	•			
	(Name and Address of Defendant)			
	OU ARE HEREBY SUMMONED to appoint forth below.	ear before the United	States District Cou	urt at the place, date and
			X	
Piace	U. S. Courthouse			Room
	333 West 4th Street Tulsa, Oklahoma 74103			Courtroom #2
			$\vee$	
Before:	The Honorable James O. Elliso	n \		afril 14, 1992, 1:00 pm
□ Indic	ver a(n)  the threat Information Informati			
		ACHED PETITION		
		1	March 9, 1992	
	of Issuing Officer and Lawrence	Date		
Name an	d Title of Issuing Officer			

	40.20 (Let 1/88) APPOINTMENT OF AND AUT	THORITY 1	O PAY	Y COUP	RT APPOINTED	COUNSE	EL.	
	3 MJ APPEALS	2. MAG. DOCK	ET NO.		IST, CT. VET NO.	VOUCHER		E 4 0 0 E
1	MAG 2 POIST A POTTUER				89-CR-3-E		U1	54825
4	APPEALS DOCKET NO. 5. FOR (DISTRICT/CIRCUIT)	6. LOC. CODE		7. C	HARGE/OFFENSE (L	J.S. or other		7A, CASE CODE
	ND OKLAHOMA	OKNTU		2	1:846	ode citation)		68
g	IN THE CASE OF TO ST.	, , , , , , , , , , , , , , , , , , , ,			RESENTED (FULL N	AMEL	-	9A. NO.
	United States VS Loren Hall		3112111	Loren		AWIE/		REPRES.
-	0. PERSON REPRESENTED (STATUS)							T
1 *	1 DEDETENDANT-ADULT '3 APPELLANT 5	OTHER	11. PRC	OCEEDIN	GS (Describe briefly)			
	2 DEFENDANT-JUVENILE 4 DAPPELLEE	_ OTTIER						
1	2. PAYMENT CATEGORY				ALL PROCEED	TNGS		
	A FELONY C PETTY OFFENSE E	OTHER						
L	B MISDEMEANOR D APPEAL							
1	3. COURT ORDER							
	O Appointing Counsel F Subs. for FD P Subs	s. for Panel Atty	/·					
	C Co-Counsel R Subs. for Retained Atty.		Appt. Da	to	Name of prior pa	nel attorney Vouche		
	Because the above-named "person represented" has testified				- 05 0770005000		140	
	otherwise satisfied this court that he or she (1) is financially	unable to emple	oy '		E OF ATTORNEY/PA ING ADDRESS	YEE AND		
	counsel and (2) does not wish to waive counsel, and because justice so require, the attorney whose name appears in item :							The state of the s
	represent this person in this case.	A .			D. Brunton			•
	1 ed X 2016 125 V	Vacatra	ti		South Denver			
	Sig. of Plesiding Judicial Officer or By Order of C	Court (Clerk/Der	nutv)	Tuls	a, Oklahoma	74119		
		our (old k) be						
	April 17, 1990	*		15. TELE	PHONE NO.	16. SOC	. SEC. N	10.
	Date of Order Nunc Pro	Tunc Date		918/	582-1993	44	5-44-	7637
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	b. Bail and Detention Hearings	2.23	,		5	3-26 91		"In Court"
	c. Motions Hearings					26 91		20.41
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1	d. Trial							
5	e. Sentence Hearings	.75						
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. 2	g. Appeals Court		_ 9	10.0			17A. T	TOTAL IN
r	h. Other (Specify on additional sheets)			1				OURT COMP.
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L	b. Obtaining and reviewing records	10.2					times	total hours. total "out of
12	c. Legal research and brief writing (motion) the	19.95					court"	compensation
- 0	d. Travel time (Specify on additional sheets)	29.90						
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If	yes, give details on additional sheets.	on with the mai	o liter for w	mich you	were appointed to bro	vide represer	itation%	LI YES LINO
1 :	wear or affirm the truth or correctness of the	~ U(	ne	<u>-</u> -				
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APPROVED	- Home Celes				7/301	91	CC	DE
A	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (O	R DELEGATE	)		DATE		29. TOT	TAL AMT.
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<b>Time</b>	and	Charges
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### FEDERAL PUBLIC DEFENDER

WESTERN, NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

DAVID BOOTH
FEDERAL PUBLIC DEFENDER

SUSAN OTTO SUPERVISORY ASSISTANT FEDERAL PUBLIC DEFENDER

WESTERN DISTRICT É SUITE 524, 215 DEAN A. McGEE OKLAHOMA CITY, OKLAHOMA 73102 (408) 231-5725 FTS 736-5725 NORTHERN AND EASTERN DISTRICTS 
222 SOUTH HOUSTON, SUITE C
TULSA, OKLAHOMA 74127
(918) 581-7656 FTS 745-7656

July 25, 1991

Honorable James O. Ellison
United States District Judge
for the Northern District of Oklahoma
Attn: Ms. Rosanne Miller
411 United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Re: United States of America vs. Hall, Loren Case No. 89-CR-83-E CJA Voucher No. 0154825

Dear Judge Ellison:

Mr. Paul D. Brunton, attorney at law, was appointed to represent Loren Hall in the above referenced cause.

Mr. Brunton informed me he has completed his service in this matter. He submitted his CJA-20 to me in order that I might review it for its technical and mathematical accuracy. I have reviewed the voucher and it appears to be in good order. Therefore, I am sending the voucher to you for your consideration.

Respectfully,

David Booth

DB:jtt

Enclosure: CJA-20 Voucher and supporting documents

cc: Mr. Paul D. Brunton

CJA 21 (Int 1/88)	AUTHORIZATION AND	VOUCHER	FOR EXP	ERT AND OTHER	SERVICES	
1. JURISDICTION	1 MAGISTRATE . DISTRIC	ст	2, MAG. DO	CKET NO.	VOUCHER NO.	
-	3 ☐ APPEALS 4 ☐ OTHER	and the second second		•	9-11	.21138
3. DISTRICT DOCKET		T NO.	5. FOR (DIS	TRICT/CIRCUIT)	6. LOC. CODE	7. CASE CODE
	E (U.S. or other code citation)		8. IN THE C	-\		68
	,		71 4	K 1/2 v	· Lana s	11-00 1.
9. PERSON REPRESEN	ITED (FILL NAME)		11 PROCES	EDINGS FOR WHICH SE	O D Lan C	ESTED Y
	. /			DC DDICCI VI		0 27 AND
LORAN E,			TRIAL		rejeacy	0 21320
10. PERSON REPRESE		5 OTHER	,,,,,,,,,			
	- JUVENILE 4 APPELLEE _	J G OTHER	4	11.1		**
12. TYPE OF SERVICE	S REQUESTED 0 0 COL	R	13. SERVIC	ES TO BE PROVIDED BY	(Name, organizatio	n. address
1 DINVESTIGATO	DR 5 POLYGRAPH 10 TOUR	TALLET	1 . 1	, [	area code, telephon	е по.)
2 LINTERPRETE	R 6 ☐ DOCUMENTS - 11 ☐ BAL	LICTICS		Am L. COOPER		
3 K PSYCHOLOGI	ST 7 U FINGERPRINT 12 CTL	HER &		BOULDER, STE	210	
4 LI PSYCHIATRIS	T 8 ACCOUNTANT		TUCSA	4 OK 74103		
14, DESCRIPTION OF	AND JUSTIFICATION FOR SERVICE ructions for Item 14.)	CES. Use additio	nal sheets if n	ecessary. (If requesting ps	ychiatrist or	
CLINICA'L	EVALUATION TO D	ETERMIN	E'CURI	RENT MENTA	E STATUS	# 1 /· k
15. ATTORNEY'S STAT	EMENT he person_mepresented who is named a		16. ESTIMA	TED COMPENSATION	Describe basis, i.e. ho	urly or daily
affirm that the service	es requested are necessary for adequat	te representa-	9 HOURS	V \$75	rate or fixed fee) ~	
tion. I hereby request			POR HE	0 10 1	5.00	
	es already obtained to be paid for by the Criminal Justice Act.	the United	17. COURT			
(Note) Prior author of \$300)	the Criminal Justice Act. prization should be obtained for service	ces in excess	Financia	eligibility of the person in ourt's satisfaction, the auti	epresented having be norization requested I	en established n item 15 ls
Jame V	( Jun to	7-30-91				
SIGNATURE OF AT		ATE	<b>&gt;</b>	Asmen To	111-1	8/2/91
TELEPHONE NO		1	SIGNATA	RE OF PRESIDING		DATE
1 PANEL	ATTORNEY 3 RETAINED ATTY	y. ♦ ☐ PRO-SE	JUDICA	L OFFICER		*
1 19		CLAIM FO	R SERVICE			
18. ITEMIZATION OF S services and basis of c necessary.)	ERVICES RENDERED AND EXPEN	NSES INCURREI	D (Include da curred. Use ac	tes and duration of dditional sheets if	A. TOTAL COMPE	
1.	MEDICAL RECORDS (1,0HR)	12-28-90	INTERVIEW	DEFENDANT (1.5 HAS)	B. TOTAL EXPENS	
	W DEFENDANT (1.0 HR)	1-14-91	PREPARE	WRITTEN .		,23
	DEFENSE COUNSEL ( . S HR)	7-11-0	EVALVAT	THEN (2:04KS)	C. TOTAL AMOUN	T CLAIMED
	ODITIONAL MEDICAL RECORDS (1	(SURS)	STANDY TO	TESTIFY (1.5 HRS)		
19. CLAIMANT'S CERT	IFICATION FOR PERIOD 10-31-	-90 TO 2-	11-91	20. CERTIFICATION-C	E ATTOPNEY	0000
F A FINAL PAYME	ENT I DINTERIM PAYMENT NO	o,	11.	I hereby certify that	these services were re	andered.
received payment from	the above claim is correct and that I h m any other source for the services re	have NOT claimed indered and claim	d or n <b>ed on thi</b> s	)		
voucher.	< 10				1	0 )
1 / Dille	ann of Cooker Pl	h.D.	3/12/91	( / ) eme of	Shoul "	- 11.29-9
SIGNATURE OF	AIMANT	D/	ATE.	ATTORNEY'S SIGN	TURE	DATE
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21 (a). Either the cost of t	these services does not exceed \$300, o				22. AMOUNT APPE	201/50 /050*
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SIGNATURE OF PR	ESIDING JUDICIAL OFFICER	DATE		JUDGE/MAS. CODE	\$ 675	
21(b). Prior authorization	was not obtained, but in the interest	of justice the co	ura dinde shaa	Almoin programmed	B. EXPENSES	
Of these necessary	services could not await prior authori.	zation, even thou	ugh the cost e	xceeds \$300.		
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	n accordance with Federal public defe	Marine Company	dget authority		\$ 675.0	0
<b>&gt;</b> \			1			
SIGNATURE OF FE	DERAL PUBLIC DEFENDER	1 6		DATE		
	oved under 18 U.S.C. 3006A(e)(3)				24 TOTAL ASSET	V/50
					24. TOTAL APPRO	V ED
SIGNATURE OF CH	HEF JUDGE, CT. OF APPEALS (OR	DELEGATEN	!	DATE	\$	
25. NAME OF PAYEE	, The state (OR			clude city, state & zip cod		
WILLIAM	L. COOPER, PH.D.			SVITE 210 , Tu		103
27. PAYEE'S SOCUSEC.	NO. OR EMPLOYER ID NO.			ND ADDRESS (Include c	*	
444-42			- THINE A	ADDRESS (Illiciade C	rry, state, & ZIP COde)	
1 2 1 1 1		1				· ·

## PAUL D. BRUNTON

Attorney at Law 1310 South Denver Avenue Tulsa, Oklahoma 74119 (918) 582-1993 FAX (918) 582-1991

July 26, 1991

RECEIVED

JUL 29 1991

JACK C. SILVER, CLERK U.S. DISTRICT COURT

U. S. Court Clerk's Office Attention: Helen Miller U.S. Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

RECEIVED

RECEIVED

AUG 1 1991

JACK C. SILVER, CLERK U.S. DISTRICT COURT

Re: U.S. v. Loran E. Hall, Sr. No. 89-CR-83-E

Dear Ms. Miller:

Please find enclosed the claim for services and expenses which was submitted to me by Dr. William L. Cooper.

Sincerely Yours,

PDB: se

Enclosure

Please complete Sec. 15 and 20, then return to me I hanks fance-

O. Romaton

7-29-91

Will need to be sent to Cercuit - Prior a Mougation granted 10.5-90.

1	URISDICTION 3	APPEALS		2. MAG. DOCK	ET NO.	3. DIST. CT. D 89-CR-83	T NO. YOUCH	ER NO. 7
	MAG. DIST. 4					-		<u> 0381886</u>
4. /	APPEALS DOCKET NO.	,	Oklahoma	6. LOC. CODE OKNTU		7. CHARGE/OFFEN	SE (U.S. or other c	ode citation) .7A, CASE CO PR
8. 1	N THE CASE OF				9. PERS	SON REPRESENTED (FULL	NAME)	9A. NO.
	United States	VS	Ladd			David R. Lad	d	1 REPRES.
10.	PERSON REPRESENTED (STAT	TUS)			11. PRC	OCEEDINGS (Describe brief	ly)	
	DEFENDANT-ADULT		LLANT 5 1 OTH				T.	7 77 77
	DEFENDANT-JUVENILE	4 L APPE	LLEE Proba	tioner		- ALL PROCE	EDINGS -	
	PAYMENT CATEGORY  ☐ FELONY C ☐ P	ETTY OFFE	SE E K OTHER			1001	T/A	~HOV 8 - 1993
	☐ MISDEMEANOR D ☐ A		Probation	Violation	1		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	COURT ORDER			-		14. FULL NAME OF ATTO	RNEY/PAYEE (FIR	EName MIL LAWNSHIP
	Appointing Counsel F C Co-Counsel R C					Including Suffix) AND	MAILING ADDRES	Phase M. Lawrence, S. S. DISTRICT COL Conflern district of oklah
	Subs. for Panel Atty.		Retained Atty.			John Dowdel	1	DISTRICT OF ORDER
		١	lame of prior panel at	torney	,	2900 Mdd-Co	ntinent To	wer
Δ,	pt. Date	V	uicher No			Tulsa, Okla	homa 7400.	3
7	pt. Date		deller No			15. WORK PHONE	16A. Does the atto	rney have the preexisting agi
Д,	cause the above-named "person	n ranzasaria	d?! han tentified and				ment (see Ins	tructions) with a corporation
ot	nerwise satisfied this court that	he or she (1	) is financially unab-	le to employ coun	sel	918/583-7571	Yes Z	rofessional corporation?
an	d (2) does not wish to waive co	unself and b	ecause the interests	of justice so requ	uire.	16B. SOCIAL SECURITY (Only provide per Instr		
	attorney whose name appears s case.	ir item 14 i	appointed to repre	sent this person in	n	(Only provide per instr	uctions)	EMPLOYER I.D. NO. (Only provide per instructions)
	11/1/	MALA	8			16D. NAME AND MAILIN	G ADDRESS OF LA	
_	Sig. of Presiding Judicial Officer	11007	A Count (D) - 1 II			(Only provide per inst	ructions)	
	olg. Of Physicing Judicial Officer	or by Urouper o	Gourt (Clerk/Deputy)			1		
	May 28, 1993		•					
-	Date of Order		Nunc Pri	o Tunc Date				
_				IM FOR SERVI	ICES OR	EXPENSES		*
	SER	VICE		HOU		DATE	S	Multiply rate per hour
7.	a. Arraignment and/or Plea							times total hours to obtain "In Court"
	b. Ball and Detention Hearings				_			compensation.
	c. Motions Hearings							Enter total below.
<u>.</u>	d. Trial							17A. TOTAL IN
COURT	e. Sentence Hearings				50	3/16/93		COURT COMP.
z	f. Revocation Hearings				50	7/26/93 an	d <b>3</b> /30/93	3 / :
	g. Appeals Court						7	
	h. Other (Specify on additional	sheets)						
ľ	(Rate per hour= \$1	60	) TOTAL HOURS =	2.	.00			\$ 120.00
8.	a. Interviews and conferences			23.	.75	6/1 - 3/16/	93	Multiply rate per hour
ΞΓ	b. Obtaining and reviewing rec	ords		33.	.30	6/1 & 7/19/	93	times total hours. Enter
COURT	c. Legal research and brief writ	ting		2.	40	7/19, 7/30	& 8/6/93	compensation below.
	d. Travel time (Specify on addit	ional sheets	)					18A. TOTAL OUT OF
	e. Investigative and other work	(Specify on	additional sheets)	У.	.35	.7/1 - 3/16/	93	COURT COMP.
2	(Rate per hour = \$	40 ′	) TOTAL HOURS =					\$1,572.00
9.	TRAVEL, LODGING, MEAL		AMOUNT			EXPENSES	AMOUNT	19A. TOTAL TRAVEL E
				Photo	copi	es	69.45	II.
SE				Westl			49.31	19B. TOTAL OTHER E
EXPENSES								\$ 118.76
3								20. GRAND TOTAL
								CLAIMED
								\$1,810.76
1.	CERTIFICATION OF ATTORNEY	PAYEE FOR	PERIOD JUNE	1, 1993	3	to Au	qust 16,	1993
F	Final Payment     Interir	n Payment N	o Has	compensation and	l/or reimbu	rsement for work in this case	e previously been ac	pplied for? YES 41
	es, were you paid? UYES	□ NO	If yes, by whom wh	nere you paid?		How much?	Has the pe	rson represented paid any
If y	ney to you, or to your knowledg es, give details on additional st	ge to anyone	else, in connection	with the matter fo	or which y	ou were appointed to provi	de representation?	☐ YES ☐ NO
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If y mo If y	vear or affirm the truth or corre			SIGNATURE OF	ATTORNEY	YIPAYEE		DATE
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O XX Appointing Counsel F Subs. fo	r Retained Atty					
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Because the above-named "person represent				nan fran menis	including a pro	fessional corporation?
otherwise satisfied this court that he or she and (2) does not wish to waive counsel, and I	<ol> <li>is financially unable because the interests of</li> </ol>	to employ count	sel	918/583-7571	☐ Yes 🖄	
the attorney whase name appears in item/14	is appointed to represe	ent this person in	1	16B. SOCIAL SECURITY (Only provide per ins	ructions) 16C. E	MPLOYER I.D. NO. Only provide per instruction - 094698
this case.	-			16D. NAME AND MAILIN		
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Sig. of Providing Judicial Officer or By Order	of Court (Clerk/Deputy)					
► May 28, 1993						
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g. Appeals Court						
h. Other (Specify on additional sheets)						
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yes, were you paid? 🔲 YES 🔲 NO	If yes, by whom when	re you paid?		. How much?	Has the pers	son represented paid an
noney to you, or to your knowledge to anyon yes, give details on additional sheets.	e else, in connection w	ith the matter fo	or which y	ou were appointed to prov	ide representation?	☐ YES ☐ NO
swear or affirm the truth or correctness of the	ne above statements	- Figure	1	1. The Contract of 1		D8/1/95
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# IN COURT HOURLY WORKSHEET

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# OUT OF COURT HOURLY WORKSHEET

Case Numbers

89-CR-83-E 0381886

**Voucher Number:** 

Date	Brief Description of Services	Interviews and conferences	Obtaining and records	Legal research and brief writing	Travel time	Investigative and other work
6-2/02	COO	23.75				
6 3/00	One Attacked Exhibit IDE		3.30			
7-8/93	Soo Attached Exhibit "C"		4,	2.40		
7 0/00	Attached Exhibit "D"					9,85
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	Page Total	23.75	3.30	2.40		9.85
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# OTHER EXPENSE WORKSHEET

Amount Per Item	Vaucher Numbern	Case Numbers
	0381886	89-CR-83-E

## EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

Date	Time	Description
6/1/93	.50	Telephone conference with Morgan and Boston re alleged probation violations and hearing;
6/3/93	.20	Telephone conference with Dr. Sherman re other options for Ladd;
6/4/93	.40	Telephone conference with Dr. Sherman;
6/9/93	.20	Telephone conference with Dr. Sherman re prospects for Ladd commitment and financial issues relating to same;
6/14/93	.75	Telephone conference with Ladd re meeting; telephone conference with Dr. Sherman re prospects for commitment;
7/12/93	1.50	Telephone conference with Morgan and Boston re need to reschedule probation revocation hearing; telephone conference with Dr. Sherman re alternative treatment;
7/13/93	.20	Telephone conference with Judge Wagner re scheduling of hearing problems; follow-up with Ladd re same;
7/14/93	2.50	Telephone conference with Ladd, Dr. Sherman and Judge Wagner's chambers re hearing date; follow-up with H.O.W. Foundation re Ladd commitment; follow-up with Dr. Sherman re relapse therapy;
7/15/93	1.80	Telephone conference with Boston; telephone conference with Judge Wagner's chambers; telephone conference with D. Ladd re alternatives; telephone conference with H.O.W. Foundation; telephone conference with Dr. Sherman re treatment alternatives and work on same;
7/19/93	1.70	Telephone conferences with facilities re alternative treatment;
7/22/93	.40	Telephone conferences with Ladd re hearing and meetings with alternative treatment facilities;
7/23/93	1.50	Meeting with Ladd in preparation for probation revocation hearing;

## EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

Date	Time	Description
7/24/93	.50	Conference with Ladd;
7/26/93	2.50	Telephone conferences with Stover at TACADA re drug and alcohol testing of Ladd and follow-up on same and referral to Ohio facility; telephone conference with Boston; telephone conference with Ladd re treatment issues;
7/27/93	.75	Telephone conference with Stover re details of his Affidavit;
7/29/93	.10	Telephone conference with Ladd;
7/30/93	2.80	Meeting with Ladd; telephone conference with Stover re in-patient treatment alternatives; conference with Boston re sentencing range and recommendation issues; meeting and follow-up with the Ladds;
8/6/93	1.50	Telephone conference with Boston; telephone conference with Ladd; telephone conference with Stover;
8/9/93	.50	Telephone conference with Boston's office re guideline recommendations;
8/11/93	.30	Telephone conference with Ladd re potential objections;
8/15/93	.50	Telephone conference with Ladd in preparation for sentencing;
8/16/93	2.65	Conference with Ladd in preparation for sentencing; conference with Boston re revisions to guidelines report and need for prescriptions and breathing device in prison; meeting with R. Fagala and Boston re medical issues.
	23.75	TOTAL HOURS

## EXHIBIT "B"

OUT OF COURT TIME: B. Obtaining and Reviewing Records

Date	Time	Description
6/1/93	2.50	Obtained papers from Boston re alleged probation violations and began review of same;
7/19/93	.80	Review urinalysis records in preliminary preparation for hearing on revocation of probation.
	3.30	TOTAL

## EXHIBIT "C"

OUT	OF	COURT	TIME:	C.	Legal	Research	and	Brief	Writing
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Date	Time	Description
7/19/93	1.0	Review of pertinent authorities in preliminary preparation for hearing on revocation of probation;
7/30/93	.40	Research re bond issues;
8/6/93	1.00	Guidelines analysis.
	2.40	TOTAL HOURS

## EXHIBIT "D"

OUT OF COURT TIME: D. Investigative and Other Work

Date	<u>Time</u>	Description
6/1/93	.80	Draft application to reschedule hearing and filed same; correspondence to Boston and Ladd;
6/4/93	.10	Order rescheduling hearing to Boston, Ladd and Morgan;
7/12/93	.50	Prepared and filed application and related order seeking rescheduling; correspondence with Ladd re same;
7/15/93	.30	Preparation of transcript request form;
7/22/93	.25	Draft settlement letter;
7/23/93	1.0	Correspondence with Morgan and Boston proposing interim settlement and setting forth terms; preparation for hearing;
7/24/93	.50	Preparation for hearing on revocation of probation;
7/25/93	.75	Complete argument outline;
7/26/93	2.20	Final preparation for hearing on revocation of probation; preparation of Stover affidavit; correspondence to Boston; received, reviewed Stover test results;
7/27/93	1.0	Correspondence with Boston, Morgan, Ladd and Stover; preparation of supplemental pleading re Ladd assessments;
7/29/93	.40	Letter to Boston; preparation for resumption of hearing;
8/6/93	.50	Preparation for sentencing hearing; correspondence with Ladd re ranges and guidelines issues;
8/11/93	.60	Received, reviewed U.S. Probation guideline recommendations; preparation for sentencing;
8/15/93	.75	Preparation for sentencing; draft letter to Boston re changes for sentencing papers; commenced preparation of fee application;

## EXHIBIT "D"

OUT OF COURT TIME:		D. Investigative and Other Work
Date	Time	Description
8/16/93	.20	Correspondence with Mrs. Ladd; preparation of fee application; letter to Boston re revisions to guidelines report;
	9.85	TOTAL HOURS

UNITED STATES COURT OF APPEALS

JOHN P. MOORE
CIRCUIT JUDGE

TENTH CIRCUIT
UNITED STATES COURTHOUSE
DENVER, COLORADO 80294

September 27, 1993

Honorable James O. Ellison, Chief Judge United States District Court Northern District of Oklahoma 333 West Fourth, Room 4-500 Tulsa, OK 74103

RE: No. 89-CR-83-E - U.S.A. v. David Royse Ladd CJA Voucher No. 0381886

Dear Judge Ellison:

I am returning the above voucher with my approval in the amount of \$1,810.76, in accordance with the recommendations set forth in your letter dated September 21, 1993.

Wery truly yours,

John P. Moore

JPM:sm Encl. Hnited States District Court

James O. Ellison Chief Judge Northern District of Oklahoma 333 West Jourth, Room 4-472 Jederal Building Tulsa, Oklahoma 74103

(918) 581-7981 (**FDS**) 736-7981

September 21, 1993

Honorable John P. Moore United States Circuit Judge Attention: Gloria Zimmerman C-438 U.S. Courthouse Denver, Colorado 80294

Re: Case No. 89-CR-83-E - U.S.A. V. DAVID ROYSE LADD CJA Voucher No. 0381886

Dear Judge Moore:

Enclosed is CJA-20 Voucher Form on behalf of services performed by John E. Dowdell on behalf of David Royse Ladd in revocation proceedings. Mr. Dowdell performed outstanding service on behalf of his client who is an unrehabilitated substance addict.

His services were reasonable and necessary to the representation. Since the charges exceed \$750.00, it is necessary to obtain your approval. I certify to you that these charges were necessarily incurred in the representation of this defendant and would appreciate your approval.

Very truly yours,

James O. Ellison, Chief Judge United States District Court

JOE: bjh

Enclosure

## FEDERAL PUBLIC DEFENDER

## STEPHEN J. KNORR FEDERAL PUBLIC DEFENDER

Stephen J. Greubel Craig Bryant Robert Nigh, Jr.

September 3, 1993

222 South Houston, Suite C Tulsa, Oklahoma 74127 (918) 581-7656 FAX: (918) 581-7630

Honorable James O. Ellison Chief United States District Judge Attention: Ms. Rosanne Miller United States Courthouse 333 West 4th Street Tulsa, Oklahoma 74103

Mr Re:

U.S.A. v. David Royse Ladd

Case No. 89-CR-083-^E

Dear Judge Ellison:

John Dowdell was appointed to represent David Royse Ladd in the above-referenced cause.

Mr. Dowdell has completed his services in the above matter, and has submitted his CJA-20 in order that I might review it for technical and mathematical accuracy.

The combined total of requested compensation is \$1,810.76, which exceeds the \$750.00 limitation (excluding expenses) provided by the Criminal Justice Act. As you know, an excess payment cannot be made unless it is first certified by the Judge before whom representation was furnished and then approved by the Chief Judge of the United States Court of Appeals for the Tenth Circuit. 18 U.S.C. §3006A(d)(3).

I am enclosing for your consideration Mr. Dowdell's completed CJA-20, along with his letter explaining the amount of time devoted to the representation of his client and the necessity for excess compensation.

Sincerely

Stephen J. Knorr

Federal Public Defender

SJK:ch Enclosure UNITED STATES DISTRICT COURT.

NORTHERN DISTRICT OF OKLAHOMA



RICHARD M. LAWYCHOU, CIOTA U. S. DISTRICT COURT NOTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERIC Plaintiff	CA )
VS	) Case Number: 89-CR-083-005-E
	)
DAVID R. LADD	)
Defendant	)
	<u>John Dowdell</u> Attorney for Defendant

## ORDER REVOKING PROBATION AND SENTENCE

Heretofore on the 15th day of May, 1990, the defendant was sentenced to a five year term of Probation after pleading guilty to Conspiracy to Manufacture and Distribute Methamphetamine, Title 21, U.S.C., Section 846, and 841(a)(1). This was a downward departure from the guideline range of 97 to 121 months, based on a motion by the Government recommending a downward departure based on the defendant's substantial cooperation with the Government, pursuant to Section 5K1.1 of the U. S. Sentencing Guidelines.

This matter came on for a Show Cause Hearing on Probation Revocation on July 26, 1993, at which time the defense stipulated to the evidence presented by Senior U. S. Probation Officer, Robert E. Boston, which included approximately 23 laboratory reports

that urine specimens submitted by the defendant were positive for use of Marijuana.

The matter was set for disposition on August 16, 1993, at which time the Court found the defendant in violation of the conditions of probation by Possession of Controlled Substance as evidence by the positive laboratory reports.

It is the Order of the Court that Probation is revoked and the defendant is committed to the custody of the Bureau of Prisons for a term of four (4) months. This sentence is a downward departure from the revocation guideline range, as determined by the Court to be twenty months, based on the original motion by the Government that the defendant be sentenced to a term below the established guideline range. It is the recommendation of the Court that the defendant be designated to a facility capable of dealing with his medical problems and his history of substance abuse.

Clerg. 16,1293

The Monorable James O. Ellison

Chief U. S. District Judge

Reviewed and Approved:

Jack Morgan, Assistant U. S. Attorney

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

FILED

AUG 9 1993/~

Richard M. Lawrence, Clerk U. S. DISTRICT COURT NORTHERN DISTRICT OF OKUHOMA

UNITED STATES OF AMERICA, )
Plaintiff, )

vs.

David Royse Ladd

Defendant,

CRIMINAL CASE NO:

89-CR-083-005-E

NOTICE

Attached you will find tentative guideline calculations regarding the revocation hearing recently held in the above-styled case.

If there are objections to these tentative calculations prepared as a result of the Court's findings, you must notify the U.S. Probation Office within five (5) days.

A hearing date will be set by the Court if the objections cannot be resolved.

If we do not hear from you within five (5) days, the Court will be notified that there are no objections.

Dated this 9th day of August , 1993.

ROD BAKER, CHIEF

U. S. PROBATION OFFICER

#### CERTIFICATE OF SERVICE

I hereby certify that on the 09th day of August, 1993, a true, exact, and correct copy of the above and foregoing instrument was mailed, by certified mail, return receipt requested, to the following:

David R. Ladd c/o John Dowdell 2900 Mid-Continent Tower Tulsa, OK 74103

and

John Dowdell 2900 Mid-Continent Tower Tulsa, OK 74103

and a copy hand-delivered to:

Jack Morgan, Assistant U. S. Attorney 3600 U. S. Court House Tulsa, Oklahoma 74103

Joanie B. Jorgensen U. S. Probation Clerk UNITED STATES OF AMERICA

# Anited States District Court Perchem DISTRICT OF Oklahoma

APPEARANCE BOND CASE NUMBER: 89-CR-83.05.E Non-surety: I, the undersigned defendant acknowledge that I and my . . . Surety: We, the undersigned, jointly and severally acknowledge that we and our . . . personal representatives, jointly and severally, are bound to pay to the United States of America the sum of and there has been deposited in the Registry of the Court the sum of in cash or \_\_\_\_\_\_ (describe other security.) The conditions of this bond are that the defendant. is to appear before this court and at such other places as the defendant may be required to appear, in accordance with any and all orders and directions relating to the defendant's appearance in this case, including appearance for violation of a condition of defendant's release as may be ordered or notified by this court or any other United States District Court to which the defendant may be held to answer or the cause transferred. The defendant is to abide by any judgment entered in such matter by surrendering to serve any sentence imposed and obeying any order or direction in connection with such judgment. It is agreed and understood that this is a continuing bond (including any proceeding on appeal or review) which shall continue until such time as the undersigned are exonerated. If the defendant appears as ordered or notified and otherwise obeys and performs the foregoing conditions of this bond, then this bond is to be void, but if the defendant fails to obey or perform any of these conditions, payment of the amount of this bond shall be due forthwith. Forfeiture of this bond for any breach of its conditions may be declared by any United States District Court having cognizance of the above entitled matter at the time of such breach and if the bond is forfeited and if the forfeiture is not set aside or remitted, judgment may be entered upon motion in such United States District Court against each debtor jointly and severally for the amount above stated, together with interest and costs, and execution may be issued and payment secured as provided by the Federal Rules of Criminal Procedure and any other laws of the United States. Defendant. Dank R Loss Pate Address. 1714 Maple Hive, NE. Carton, Chio 44705 \_\_\_\_\_ Address. Address. 7-30-93 Signed and acknowledged before me on

# United States District Court

<u>س</u> ہ				
r	orthern	DISTRICT OF	Oklahoma	

UNITED STATES OF AMERICA

V.

ORDER SETTING CONDITIONS
OF RELEASE

David Réyse Ludd

Case Number: 89-CR-830-5-E

IT IS ORDERED that the release of the defendant is subject to the following conditions:

- (1) The defendant shall not commit any offense in violation of federal, state or local law while on release in this case.
- (2) The defendant shall immediately advise the court, defense counsel and the U.S. attorney in writing of any change in address and telephone number.
- imposed as directed. The defendant shall next appear at (if blank, to be notified)

  On My. 14, 1993 (1'07)

## Release on Personal Recognizance or Unsecured Bond

IT IS FURTHER ORDERED that the defendant be released provided that:

- ( V ) (4) The defendant promises to appear at all proceedings as required and to surrender for service of any sentence imposed.
- in the event of a failure to appear as required or to surrender as directed for service of any sentence imposed.

#### Advice of Penalties and Sanctions

Violation of any of the foregoing conditions of release may result in the immediate issuance of a warrant for the defendant's arrest, a revocation of release, an order of detention, as provided in 18 U.S.C. §3148, and a prosecution for contempt as provided in 18 U.S.C. §401 which could result in a possible term of imprisonment or a fine.

The commission of any offense while on pretrial release may result in an additional sentence upon conviction for such offense to a term of imprisonment of not less than two years nor more than ten years, if the offense is a felony; or a term of imprisonment of not less than ninety days nor more than one year, if the offense is a misdemeanor. This sentence shall be consecutive to any other sentence and must be imposed in addition to the sentence received for the offense itself.

18 U.S.C. §1503 makes it a criminal offense punishable by up to five years of imprisonment and a \$250,000 fine to intimidate or attempt to intimidate a witness, juror or officer of the court; 18 U.S.C. §1510 makes it a criminal offense punishable by up to five years of imprisonment and a \$250,000 fine to obstruct a criminal investigation; 18 U.S.C. §1512 makes it a criminal offense punishable by up to ten years of imprisonment and a \$250,000 fine to tamper with a witness, victim or informant; and 18 U.S.C. §1513 makes it a criminal offense punishable by up to ten years of imprisonment and a \$250,000 fine to retaliate against a witness, victim or informant, or threaten or attempt to do so.

It is a criminal offense under 18 U.S.C. §3146, if after having been released, the defendant knowingly fails to appear as required by the conditions of release, or to surrender for the service of sentence pursuant to a court order. If the defendant was released in connection with a charge of, or while awaiting sentence, surrender for the service of a sentence, or appeal or certiorari after conviction, for:

- (1) an offense punishable by death, life imprisonment, or imprisonment for a term of fifteen years or more, the defendant shall be fined not more than \$250,000 or imprisoned for not more than ten years, or both;
- (2) an offense punishable by imprisonment for a term of five years or more, but less than fifteen years, the defendant shall be fined not more than \$250,000 or imprisoned for not more than five years, or both;
- (3) any other felony, the defendant shall be fined not more than \$250,000 or imprisoned not more than two years, or both;
- (4) a misdemeanor, the defendant shall be fined not more than \$100,000 or imprisoned not more than one year, or both.

A term of imprisonment imposed for failure to appear or surrender shall be consecutive to the sentence of imprisonment for any other offense. In addition, a failure to appear may result in the forfeiture of any bail posted.

### Acknowledgement of Defendant

I acknowledge that I am the defendant in this case and that I am aware of the conditions of release. I promise to obey all conditions of release, to appear as directed, and to surrender for service of any sentence imposed. I am aware of the penalties and sanctions set forth above.

Signature of Defendant

Mpple Hue NE.

City and State

Telephone

#### Directions to United States Marshal

_	
	The defendant is ORDERED released after processing.
	The United States marshal is ORDERED to keep the defendant in custody until notified by the clerk or judicial officer that the
	defendant has posted bond and/or complied with all other conditions for release. The defendant shall be produced before the
	appropriate judicial officer at the time and place specified, if still in custody.
	( ) 2 1002 ( January 00 11 )

signature of Judicial Officer

Manue and Title of Judicial Officer

July, U.S. Wistrict Cor

PROBATION FORM NO. 35 (1/92)

Report and Order Terminating Probation/ Supervised Release Prior to Original Expiration Date

# **United States District Court**

FOR THE

Richard M. Lawrence, Clerk

NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA

Crim. No. 89-CR-083-001-E

Loran Eugene Hall, Sr.

On May 22, 1992, the above named was placed on supervised release for a period of three years. He/she has complied with the rules and regulations of supervised release and is no longer in need of supervised release. It is accordingly recommended that he be discharged from supervised release.

Respectfully submitted,

J. Mark Ogle, Senior U. S. Probation Officer

#### ORDER OF THE COURT

Pursuant to the above report, it is ordered that the defendant is discharged from supervised release and that the proceedings in the case be terminated.

Dated this \_\_\_\_day of \_\_\_

The Honorable James O. Ellison, Chief

United States District Judge

TILED

IN THE UNITED STATES DISTRICT OF OKLAHOMA .... M. Lawrence, Court Classic Clas

JUL 2 7 1003 U.S. DISTRICT COURT

UNITED STATES OF AMERICA,,	)
Plaintiff,	
vs.	) Case No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.	)

### DEFENDANT'S SUPPLEMENTAL SUBMISSION IN CONNECTION WITH ONGOING REVOCATION OF PROBATION PROCEEDINGS

On July 26 this Court considered a petition seeking revocation of David Royse Ladd's probation. After hearing oral argument the Court requested that the United States Probation Department develop further information with respect to a specific alternative treatment and rehabilitation program identified to the Court and the government by the defendant. Defendant has provided the government and Robert Boston of the United Stated Probation Office with documents generated by the Tulsa Area Council on Alcohol and Drug Abuse ("TACADA"), including the affidavit of Terry L. Stover, attached hereto as Exhibit A.

Mr. Stover is the TACADA program counsellor who personally met with Mr. Ladd and conducted extensive alcohol and drug evaluation. Ladd hereby submits to the Court the affidavit of Mr. Stover which sets forth salient facts for the Court's use in further proceedings scheduled for July 30.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant, David Royse Ladd.

#### CERTIFICATE OF SERVICE

I hereby certify that on the 27th day of July, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, OK 74103

Robert Boston United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, OK 74101

John E. Dowdell

ladd.supp/map

#### AFFIDAVIT OF TERRY L. STOVER

STATE	OF	OKLAHOM	A )	
			)	SS
COUNTY	OF	TULSA	)	

The undersigned, Terry L. Stover, M.S., having been duly sworn, hereby testifies and states, based upon personal knowledge, as follows:

- I am the Community Assistance Program Counselor for Tulsa Area Counsel on Alcohol and Drug Abuse ("TACADA"), a Tulsa area agency of the United Way.
- 2. In the course of my responsibilities I, among other things, provide assessments and referrals for emotional, family, drug and alcohol issues for those in need.
- 3. Pursuant to the request of John E. Dowdell, I have met with David R. Ladd and conducted an alcohol and drug evaluation. Specifically on July 22, Mr. Ladd was given a number of assessments including The John Hopkins 20 Questions, The Mortimer-Filkins Interview and the Substance Abuse Subtle Screening Inventory ("SASSI") along with an oral interview.
- 4. Some of the findings of these tests indicate a loss of ability to limit his alcoholic intake to one or two drinks; the use of alcohol to ameliorate intense negative affect such as anxiety, depression or anger; an identification with the attitudes, beliefs and behaviors common to chemically dependant people; elevated levels of defensive behavior (including defensiveness of his alcohol or drug use); and chemical dependance.

- 5. It is my recommendation that Mr. Ladd is in need of a comprehensive chemical dependency program.
- 6. Based upon Mr. Ladd's residence in Canton, Ohio, I have referred him to our National Council on Alcoholism and Drug Abuse affiliate in Cleveland Heights, Ohio. That facility, Alcoholism Services of Cleveland, Inc., is located at 2490 Lee Boulevard, Suite 300, Cleveland Heights, OH 44118, and its phone number is (216) 371-5656. I have recommended to that facility that Mr. Ladd be subjected to the most direct and comprehensive program available under Mr. Ladd's circumstances.
- 7. Because of Mr. Ladd's financial status at this time, a state-funded program will be needed and it is my understanding that one will be available.
- 8. The testing and oral interview to which Mr. Ladd was submitted shows that he is in a range between that calling for inpatient and that calling for out-patient treatment. In light of Mr. Ladd's complex medical condition, it will be difficult to identify an acceptable funded in-patient program. Therefore, in lieu of such a program I have recommended that Mr. Ladd be subjected to a program of at least three (3) months duration consisting of comprehensive out-patient counselling. I have likewise recommended that such a comprehensive program, if employed, be the most confrontational available. This program could continue well beyond three (3) months or be discontinued as directed by his primary care therapist. The program could last as long as nine (9) months or, if necessary, even longer.

9. I have further advised Mr. Ladd and TACADA's affiliate in Cleveland Heights, Ohio, that if Mr. Ladd discontinues his involvement with the program in which he is placed, I will immediately contact his attorney and the United States Probation Office in the Northern District of Oklahoma.

FURTHER AFFIANT SAYETH NOT.

Dated this 27th day of July, 1993.

TERRY L STOVER, M.S.

Subscribed and Sworn to before me on this and day of July, 1993.

Notary Public

My Commission Expires:

ladd.affid/map

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

JIII. 19 1883 P

UNITED STATES OF AMERICA,,

Plaintiff,

vs.

Case No. 89-CR-083-005-E

DAVID ROYSE LADD,

Defendant.

#### ORDER

The Court has for its consideration the "Application to Reschedule Hearing" ("Application") by which the Defendant seeks to reschedule the July 23 hearing regarding probation and supervised release. Upon consideration of the Application, the lack of objection of the government, and for good cause shown,

IT IS HEREBY ORDERED that the hearing on probation and supervised release currently scheduled for July 23, 1993 at 10:30 a.m. is stricken and rescheduled for August 36, 1993 at 9:30 .m.

DATED this /quiday of

, 1993.

TAMES O

ELLISON, CHIEF JUDG

FILED

JUL 12 -

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

Luchard M. Lawrence, Court Clerk U.S. DISTRICT GOURT

UNITED STATES OF AMERICA,,	)
Plaintiff,	
vs.	) Case No. 89-CR-083-005-E
DAVID ROYSE LADD,	)
Defendant.	)

# UNOPPOSED APPLICATION TO RESCHEDULE PROBATION REVOCATION HEARING

The defendant, David Royse Ladd ("Ladd"), hereby respectfully requests that the probation revocation hearing, currently scheduled for July 23, 1993 at 10:30 a.m., be rescheduled for a date convenient to the Court after August 13. In support of this Application, Ladd states:

- 1. Counsel is currently committed to be out of state during two (2) consecutive weeks in connection with expert depositions in another case pending in this Court (BizJet International Sales and Support, Inc. v. Pratt & Whitney Canada, Inc., P&WC Aircraft Services, Inc., and Aviall, Inc., Case No. 91-C-904-B). Specifically, counsel will be out of state during the weeks of July 19 (inclusive of July 23) and July 26.
- 2. Counsel will also be out of state during the first two weeks of August on vacation. This vacation was planned well in advance of notice of this hearing or counsel's appointment to represent Mr. Ladd in these proceedings.
- 3. John S. Morgan, the responsible Assistant United States Attorney in this case, has been consulted and has no objection to

Dig

this Application to Reschedule Hearing. Likewise, Robert Boston, the United States Probation Officer involved in this matter, would prefer that the matter proceed as scheduled but, under the circumstances, has no objection to the requested rescheduling.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the probation revocation hearing currently set for July 23, 1993 at 10:30 a.m. For the foregoing reasons Ladd requests that the hearing be scheduled sometime after August 13.

Respectfully submitted,

John E. Dowdell, OBA #2460

MORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant.

#### CERTIFICATE OF MAILING

I hereby certify that on the 12th day of July, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

Robert Boston U. S. Probation Officer United States Courthouse 333 West Fourth Street Tulsa, OK 74101 John S. Morgan Asst. United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, OK 74103

John E. Dowdell

FILE

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA JUN

UNITED STATES OF AMERICA,,

Plaintiff,

vs.

DAVID ROYSE LADD,

Defendant.

HICHARD AT JAMENCE, Clark
U.S. DIE THE TOTOLOGICAL
NORTHERN DISTRICT OF OXIGNOMA

89-CR-083-005-E Case No./

#### ORDER

The Court has for its consideration the "Application to Reschedule Hearing" ("Application") by which the Defendant seeks to reschedule the June 11 hearing regarding probation and supervised release. Upon consideration of the Application, the lack of objection of the government, and for good cause shown,

IT IS HEREBY ORDERED that the hearing on probation and supervised release currently scheduled for June 11, 1993 at 2:30 p.m. is stricken and rescheduled for July 3, 1993 at 10 :30 H.m.

DATED this 2 day of

th

# FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA JUN 1 1993

UNITED STATES OF AMERICA,,	Michard M. Lawrence, Clerk  S. DISTRICT COURT  MSTRICT OF OKLAHOMA
Plaintiff,	)
vs.	) Case No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.	) )

#### APPLICATION TO RESCHEDULE HEARING

The defendant, David Royse Ladd ("Ladd"), hereby respectfully requests that the probation revocation hearing, currently scheduled for June 11, 1993 at 2:30 p.m., be rescheduled for a date convenient to the Court after July 12. In support of this Application, Ladd states:

- 1. The Federal Public Defender's office contacted the office of counsel regarding representation of Ladd on Friday, May 27, 1993. At that time counsel was out of town. Counsel has not yet spoken with Ladd about the matters which are the subject of the hearing.
- 2. Additional time is necessary to obtain and review the papers relating to these proceedings, and to confer with Ladd in connection with the alleged violations of his terms of probation.
- 3. Counsel is currently committed to be out of state during three (3) consecutive weeks in connection with expert depositions in another case pending in this Court (BizJet International Sales and Support, Inc. v. Pratt & Whitney Canada, Inc., P&WC Aircraft Services, Inc., and Aviall, Inc., Case No. 91-C-904-B). Specifically, counsel will be out of state during the weeks of June

21, June 28 and July 5.

4. The United States Probation Department and John S. Morgan, the responsible Assistant United States Attorney in this case, have been consulted and there is no objection to this Application to Reschedule Hearing.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the hearing currently set for June 11, 1993 at 2:30 p.m. Ladd requests that the hearing be scheduled at least thirty (30) days hence so that the defendant (a resident of Ohio) will have ample time to fully explore with his counsel the allegations which are the subject of the scheduled hearing, and so that the above-referenced conflicts may be avoided.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower

Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant.

#### CERTIFICATE OF MAILING

I hereby certify that on the 1st day of June, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

Robert Boston United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, OK 74101

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, OK 74103

Jøhn E. Dowdell

ladd.app/map

_	A 20 (Rev 11/90) APPOINTMENT OF ND	<b>AUTHORITY</b>	TO P	AY COURT AP	INTED COL	NSFI
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-	1 🗆 MAG. 2 🖺 DIST. 4 🗔 OTHER	_		89-CR-8	3-E	0381886
4	. APPEALS DOCKET NO. 5. FOR (DISTRICT/CIRCUIT)  N.D. Oklahoma	6. LOC. CODE	_	7. CHARGE/OFF	NSE (U.S. or other	code citation) 7A. CASE COD
8	. IN THE CASE OF	+	Q DEC	RSON REPRESENTED (FUI	LAMANE	
	United States VS Ladd		J. PEF	David R. La		9A. NO. RELESS.
10	D. PERSON REPRESENTED (STATUS)		11 00			FILE
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$\vdash$	B. COURT ORDER	M ATOTACION				Richard M. Lawrence, Ci
	Appointing Counsel F Subs. for FD			14. FULL NAME OF ATT	ORNEY/PAYEE (Fire	U.S. DISTRICT COURT
	C Co-Counsel R Subs. for Retained Atty			Including Suffix) AN		SS
8	Subs. for Panel Atty			John Dowde		
ĺ	Name of prior panel	attorney .		2900 Mdd-C		wer
1	Appt. Date Voucher No			Tulsa, Okla	shoma 7400	13
				15. WORK PHONE	16A. Does the atte	orney have the preexisting agree
E	Because the above named "person represented" has testified un	adar onth ar has			ment (see in	Structions) with a corporation
_ C	otherwise satisfied this court that he or she (1) is financially up-	to omploy source	el .	918/583-7571	Yes	professional corporation?
8	and (2) does not wish to waive counsel, and because the interes the attorney whose name appears in item 14 is appointed to rep	te of inetice on recui				
t	his case.	resent this person in		16B. SOCIAL SECURITY (Only provide per ins	tructions)	EMPLOYER I.D. NO. (Only provide per instructions)
	1 1ti Vlatina	est?		16D. NAME AND MAILI	G ADDRESS OF LA	AW FIRM
_	Ste of Delivery I was all			(Only provide per ins	tructions)	AAA LIMM
	Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deput	ty)				
	► May 28, 1993					
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_	140101	ro Tunc Date				
_	SERVICE	AIM FOR SERVIC				
17.	a. Arraignment and/or Plea	HOUR	5	DAT	ES	Multiply rate per hour
	b. Ball and Detention Hearings					times total hours to obtain "In Court"
	c. Motions Hearings					compensation.
						Enter total below.
COURT	d. Trial					17A. TOTAL IN COURT COMP.
8	e. Sentence Hearings					COURT COMP.
Z	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour= \$60 ) TOTAL HOURS	=				\$
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P .	d. Travel time (Specify on additional sheets)		_			18A. TOTAL OUT OF
100	e. Investigative and other work (Specify on additional sheets)					COURT COMP.
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F	Final Payment ! Interim Payment No. Has	compensation and/or	reimbur	sement for work in this case	previously been ap	plied for? YES NO
lf y	es, give details on additional sheets.	with the matter for t	which yo	ou were appointed to provi	de representation?	☐ YES ☐ NO
1 8	wear or affirm the truth or correctness of the above statements	<b>&gt;</b>				•
		SIGNATURE OF AT	TORNEY	PAYEE		DATE
,	22. IN COURT COMP. 23. OUT OF COURT COMP.		_		EXPENSES	26. TOTAL AMT.
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OR PAYMENT	28 SIGNATURE OF CHIEF HIROT OF AN ASSESSMENT					CODE
. F	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DE	LEGATE)		DATE		29. TOTAL AMT. APPROVED

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA NORTHERN DISTRICT OF OKLAHOMA

UNITED S	TATES OF AMERICA, ) MAY 28 1993 A	<b>ハ</b>
V.	Plaintiff,  No. 89-CR-83-E  No. No. 89-CR-83-E  Northern district of Oklahom	Γ
David	d Ladd	
	Defendant. )	
	ORDER APPOINTING COUNSEL	
finds that the Northern D	this28thday of, 19_93, the above-named having an affidavit as to financial ability to employ counsel, and upon review, the Court he affiant(s) is/are financially unable to obtain counsel. In accordance with the District of Oklahoma Plan for Implementing the Criminal Justice Act 1984,  S HEREBY ORDERED that the:	
	Federal Public Defender is appointed to represent the following:	
	in all further proceedings unless and until relieved by order of the court.	
V	Federal Public Defender shall forthwith furnish the name(s) of a private attorney or attorneys, as necessary, for appointment to represent the following:	
	Defendant will reimburse the government for the reasonable cost of providing representation in accordance with his/her ability to pay as determined by further order of the court.	
	Federal Public Defender is temporarily appointed to represent the following:	
	for purposes of initial appearance only.	
Date	JEFFREY S. WOLFE UNITED STATES MAGISTRATE JUDGE	On the second

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

	IN UNITED ST	ATES MAGISTRATE _ DISTRICT _ APPEALS COURT	or OTHER PANEL (Specify b	relow)
IN THE	E CASE OF	FOR		LOCATION NUMBER
		vs		
	Dav	ESENTED (Show your full name)  R. Ladd  SE (describe if applicable & check box +)  Telony  Misdemeanor  ANSWERS TO QUESTIONS REGARDINATION	1 Defendant—Adult 2 Defendant—Juvenile 3 Appellant 4 Probation Violator 5 Parole Violator 6 Habeas Petitioner 7 2255 Petitioner 8 Material Witness 9 Other (Specify)	DOCKET NUMBERS  Magistrate  District Court  892 R 83-05-  Court of Appeals
	1		Am Self Employed	
	EMPLOY-	Name and address of employer:	F NO, give month and ye	ear of last employment
		If married is your Spouse employed?  Yes  IF YES, how much does your  If a mind  Spouse earn per month \$ Parents or	or under age 21, what is	
ASSETS -	OTHER	Have you received within the past 12 months any income from the form of rent payments, interest, dividends, retirement of the form of rent payments, interest, dividends, retirement of the form of rent payments, interest, dividends, retirement of the form of rent payments, interest, dividends, retirement of the form of rent payments.  IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ 100 Miles (100 Miles) THE SOURCES	r annuity payments, or other s	other form of self-employment, or in ources? Yes No RCES
	CASH	Have you any cash on hand or money in savings or checking	ng account T Yes No II	F YES, state total amount \$
	PROP- ERTY	Do you own any real estate, stocks, bonds, notes, household furnishings and clothing)? Yes No VALUE  IF YES, GIVE VALUE AND \$  DESCRIBE IT	automobiles, or other valu	
OBLIGATIO & DEBTS	NS DEB1	SINGLE Dependents  MARRIED  WIDOWED SEPARATED OR DIVORCED  Creditors  APARTMENT	ersons you actually support and AVID LADA JAC MON	your relationship to them  KIR LADD - Wife  DOR-DER - DAUGHTER  Total Debt  Monthly Payt.
	TORS, IN	L CREDITIONS CLUDING COAN COM. CHARGE S, ETC.)  ATHI Long DISTANCE / Util	A WI THEN	350. \$
		NATURE OF DEFENDANT OR PERSON REPRESENTED	bove to be correct.	6/1/2

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH

PROB 12 (Rev. 3/88)

## United States District Court for the NORTHERN DISTRICT OF OKLAHOMA

MAY 4-1993 B
RICHARD M. LAWRENCE, CIERCE
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

U. S. A. vs. David Royce Ladd

Docket No. 89-CR-083-005-E

### Petition on Probation and Supervised Release

COMES NOW Robert E. Boston, Senior PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of <u>David Royce Ladd</u> who was placed on supervision by the Honorable <u>James O. Ellison</u> sitting in the court at <u>Tulsa</u>, on day of May, <u>1990</u> who fixed the period of supervision at five years, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

That the defendant reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, until discharged by the director.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT AND FOR CAUSE AS FOLLOWS:

(If short insert here; if lengthy write on separate sheet and attach)

See attachment

PRAYING THAT THE COURT WILL ORDER A Summons be issued so the defendant may be brought before the Court to show cause why his probation not be revoked.

ORDER OF COURT	Respectfully,	Boston	
Considered and ordered this <u>3kb</u> day of <u>Way</u> , 1923 and		on Officer	
ordered filed and made a part of the			
records in the above case.	Place Tulsa C	)k	
Comeso Telecod			
J. S. District Judge	Date _April 25	3, 1993	

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#### ATTACHMENT

1. <u>VIOLATION OF CONDITION NUMBER 7:</u> "You shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician. You shall submit to urinalysis as directed by the U. S. Probation Office."

On the following dates the defendant submitted urine specimens which tested positive for use of marijuana: December 3, 6, 13, 20, 27, and 31, 1991; January 3, 10, 13, 14, 17, 21, and 24; February 14, and 21; March 3, 5, 10, and 24, 1992; February 17, 1993; March 5, 9, and 12; and April 6, 1993.

SUPPORTING INFORMATION: Attached hereto and incorporated herein as Exhibit A is a copy of the Probation Form 7a, "Conditions of Probation and Supervised Release", which was signed by the defendant acknowledging that he understood those conditions. This document was witnessed by Supervising U. S. Probation, Scott Kallenburger.

Attached hereto and incorporated herein as Exhibits B(1), B(2), B(3), B(4), B(5), B(6), B(7), B(8), B(9), B(10), B(11), B(12), B(13), B(14), B(15), B(16), B(17), B(18), B(19), B(20), B(21), B(22), B(23), and B(23), are PharmChem Laboratory Reports dated Décember 3, 6, 13, 20, 27, and 31, 1991; January 3, 10, 13, 14, 17, 21, and 24, 1992; February 14, and 21, 1992; March 3, 5, 10, and 24, 1992; February 17, 1993; March 5, 9, and 12; and April 6, 1993, respectively, each showing that urine specimens submitted by the defendant on those dates tested positive for use of marijuana.

U. S. PROBATION OFFICE

NO DIST OF OKLA.

PROB 7A (Rev. 10/89) ⊕

officer;

# Conditions of Probation and Supervised Release

# UNITED STATES DISTRICT COURT

#### FOR THE

NORTHERN	DISTRICT	OF	OKLAHOMA
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	de la companya de la
Name David Royse Ladd	Docket No. 89-CR-083-05-E
2100 Harrisburg Road Address Canton, Ohio 44721	<del></del>
Under the terms of your sentence, you have	we been placed on probation/superwisedcuclease (strike one) by the
Honorable James O. Ellison	, United States District Judge for the District of
Northern/OK (Tulsa) . Your term of s	supervision is for a period of <u>Five (5) Years</u> ,
commencing May 15, 1990	·
While on probation/supervised releases (striand shall not illegally possess a controlled substance.	ike one), you shall not commit another Federal, state, or local crime nce. Revocation of probation and supervised release is mandatory for
CHECK IF APPROPRIATE:	
As a condition of supervision, you are instructive shall be paid in the following manner	cted to pay a fine in the amount of;
As a condition of supervision, you are inst	tructed to pay restitution in the amount of to the following manner to
The defendant shall not possess a firearm of firearm.	or destructive device. Probation must be revoked for possesion of a
The defendant shall report in person to the property for the custody of the	robation office in the district to which the defendant is released within Bureau of Prisons.
☐ The defendant shall report in person to the pr the custody of the Bureau of Prisons.	obation office in the district of release within 72 hours of release from
It is the order of the Court that you shall con	mply with the following standard conditions:
	ct without permission of the court or probation officer;
· ·	icer as directed by the court or probation officer, and shall submit a
(3) You shall answer truthfully all inquiri	es by the probation officer and follow the instructions of the probation

FINE LABORATORIES INC.	2 FED P	ATION
05-A O'Brien Drive, Menlo Park, CA 94025 HAIN OF CUSTODY FOR DRUG ANALYS	Specimen No.	0004629571
sults Name and Address eith A. Koenning, Chief Prob. ederal Probation Office 68 Euclid Avenue #605FC 6 Pl leveland, OH 44114	Off Federal Prob	
OHI: CLEVE	LAND Account No. 1 0 0	620303
ABM	Special Tests Requeste	PLAINTIFF'S EXHIBIT
Reason For Test (Check One) Post	Periodic Reas	sonable — Other
01 Preemployment 202 Random 03 Accided		se 06 Specify:
Urine Blood Urine and Bl Specimen Identification (This information will appear only on plies	ood Yes No	Date Collected
Ladd		12/3/91
Specimen Identification (This information will appear on all copies	5.)	Social Security # 279 - 68 - 57 4 Z
Remarks Concerning Collection		Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identifi it bears the same identification number as set forth above and the	ed on this form is the specimen presented at it has been collected, labeled and sealed	to me by the donor providing the certification below, that d in accordance with the instructions provided.
	bl. a	Marianich
DONOR OF PRESCRIPTION AND CONSTRUCTION	Collector's Signature	(New York Control of the Control of
DONOR CERTIFICATION AND CONSENT. I certify that the spectime specimen container was sealed with a tamperproof seal in my to the analysis of the specimen accompanying this form by the lat recorded on this form to the organization and/or individual listed.	presence and that the information provide corations and to the recase by the laborator on this form.	d on this form and on the label is correct. Also, I consent by of the results of the analysis as well as the information
	Donor's Signature or Initials	A CONTRACT OF THE PROPERTY OF
piy ▶	0004629571 <b>S</b>	
pply > urcode rtically bottle	PLACE SPECIMEN OVER CAP OF	NO. 0004429571 S
COND SEAL AND DE FOR BLOOD IT SAMPLE.	SPECIMEN	DONOR'S SIGNATURE OR INITIALS
Shipper Airbill #	Date Shipped Ship Specimen	PharmChem Laboratories, Inc. 1505-A O'Brien Drive
90	12391 To	Menlo Park, CA 94025-1435
STRUCTIONS TO COLLECTOR		
complete all <u>unshaded</u> areas of form.		

- Affix tamperproof seal and barcode as illustrated.
- · Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

CCOUNT NUMBER: 10062030	BARCODE NUMBER:	004629571
-------------------------	-----------------	-----------

SEND TO: SPECIMEN ID:

ATT: Keith A. Koenning SPECIMEN ID:

Federal Probation Office SPECIMEN DATE: 12/03/91

668 Euclid Ave., Rm. 605 TEST TYPE:

Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004063530

DATE RECEIVED: 12/07/91

Old Acct. No: FP 62C DATE REPORTED: 12/10/91

#### TEST METHODS AND DETECTION LEVELS

Drug or Initial Test		al Test	Confirmation	on Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

#### TEST RESULTS

Drug or Test Drug or Test

Drug class	Result	Drug class	Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone .	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		`
	- ,		
COMMENTS:			*********
e e e e e e e e e e e e e e e e e e e			* TEST RESULT *
			* POSITIVE *
			*****

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 12/10/91

LABORATORIES, IVG	FED K	BATION
CHAIN OF CUSTODY FOR DRUG ANALYSIS Results Name and Address	Specimen No.	0004629574
Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Addre	SS
ollection Site and Address	Account No. 1 0 0 6 2	20303
ABM ?A	Special Tests Requested	PLAINTIFF'S EXHIBIT RC202
cation Code:		
Reason For Test (Check One)  01 Preemployment 02 Random 03 Accident 04	Periodic Reasonable Medical 05 Cause	Other
Specimen Type Urine Blood Urine and Blood	it Sample (Collect only if required by	☐ 06 Specify:
Specimen Identification (This information will appear only on piles 1,3.)  Specimen Identification (This information will appear on all copies.)	Yes No	Date Collected
Remarks Concerning Collection		Social Security # 279-68-5742 Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is it bears the same identification number as set forth above and that it has been contained in the contained on the	e the gassing	· ·
	letter a NO	Ada a la
the specimen container was sealed with a tamperproof seal in my presence and the container was sealed with a tamperproof seal in my presence and the corded on this form to the organization and/or individual listed on this form.	ing this form is my own and that I pro at the information provided on this for a raisease by the laboratory of the resonance. Signature or initials	ovided the the collector Further P certify that m and on the label is correct. Also I consent sults of the analysis as well as the information
g 00046	29574 <b>S</b> 8	
code cally bottle	PLACE SPECIMEN NO. 001	04629574 S
I TOUCH ON S SIGNATINE	-	SIGNATURE OR INITIALS
Airbill # Date Shipped	13032	nChem Laboratories, Inc. A O'Brien Drive Park, CA 94025-1435
RUCTIONS TO COLLECTOR  Inplete all unshaded areas of form.		

ix tamperproof seal and barcode as illustrated.

donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

ce specimen and laboratory copy of Chain of Custody form in shipping container.

p specimen in secure storage until shipped.

### PHARMCHEM LABORATORIES, INC.

#### LABORATORY

ACCOUNT NUMBER:

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

004629574

12/06/91

004093179

12/12/91

12/13/91

CEND	TO •	SPECIMEN	ID:

ATT: Keith A. Koenning

Federal Probation Office SPECIMEN DATE:

668 Euclid Ave., Rm. 605

Cleveland, OH 44114

Old Acct. No: FP 62C

SPECIMEN ID:

100620303 BARCODE NUMBER:

TEST TYPE:

LOCATION CODE:

ACCESSION NUMBER:

DATE RECEIVED:

DATE REPORTED:

### TEST METHODS AND DETECTION LEVELS

Drug or	Initia	al Test	Confirmat	ion Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	. 250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

#### TEST RESULTS

Drug or Test

Drug or

Test

Drug class	Result	Drug class	Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		· .
COMMENTS:			*****
			* TEST RESULT *
			* POSITIVE *
			*****

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU Date: 12/13/91

LABORATORIES, IIVE	FED TO	ATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629586
Results Name and Address  Keith A. Koenning, Chief Prob. Off  Federal Probation Office   DEC 23 AD:  668 Euclid Avenue #605  Cleveland, OH 44114	Employer's Name and Address  Federal Probation	
Un. CTEVEL	Account No. 1 0 0 6 2 0	303
Collection Site and Address  ABM	Special Tests Requested	PLAINTIFF'S  EXHIBIT  B(3)
Location Code:  Reason For Test (Check One)  Post	Periodic Reasonable	Other 06 Specify:
O1 Preemployment	04 Medical 05 Cause  Split Sample (Collect only if required by Client Of Yes 100 No.	
Specimen Identification (This information will appear only on plies 1,3.)  Ladd  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been		Date Collected
Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and the same identification number as set forth above and the same identification number as set forth above and the same identification number as set forth above and the same identification number as set for the same identification number as set for the same identification number as set for the same identification numb	orm is the specimen presented to me by the one collected, labeled and sealed in accordan	
	Refley a. Il	rayovich.
DONGH CERTIFICATION AND CONSENTS certify that the specimen accome the specimen container was sealed with a tamperproof seal in my presence a to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual fisted on this form	nd that the information provided on this form in the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest of the flease by the laboratory of the rest	and on the label is correct. Also, il consent is of the analysis as well as the information
Apply >	4629586 <b>5</b> <sup>2</sup>	
Apply Barcode vertically on bottle  SE SECOND SEAL AND ARCODE FOR BLOOD  COLLECTOR'S SIGNATURE	UF /	SIGNATURE OR INITIALS
Shipper Airbill # Date St	Specimen 1505	nChem Laboratories, Inc. A O'Brien Drive o Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all unshaded areas of form.		

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
  Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

HARMCHEM LABORATORIES, INC.

ABORATORY 505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

COUNT NUMBER:	100620303	BARCODE NUMBER:		004629586
END TO:		SPECIMEN ID:		
ATT: Keith A. Koenning,	CUSPO	SPECIMEN ID:		
J.S. Probation Office	0002	SPECIMEN DATE:		12/13/91
310 Lakeside West Ste 40	0	TEST TYPE:		
		LOCATION CODE:		
Cleveland, OH 44113		2001122011	*	
		ACCESSION NUMBER:		004134648
		DATE RECEIVED:		12/19/91
old Acct. No: FP 62C		DATE REPORTED:		12/20/91
old Acct. No: FP 62C				
TI	EST METHODS	AND DETECTION LEVELS		
Drug or		tial Test	Confirma	tion Test
Drug Class	Method	CutOff M	ethod	CutOff
Amphetamines	EMIT	1000 ng/ml G	C/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml G	C	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml G	C	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml G	C	300 ng/ml
Methadone	EMIT		C	300 ng/ml
	EMIT		C/MS	150 ng/ml
Opiates	EMIT	21	C/MS	25 ng/ml
Phencyclidine Cannabinoid 100	EMIT		PTLC	50 ng/ml
	TE	ST RESULTS		
Drug or	Test	Drug or	•	Test
Drug class	Result	Drug clas	S	Result
Amphetamines		Cocaine Metabo		
Amphetamine	negativ		ine	negative
Methamphetamine	negativ			
Barbiturates		Methadone	, ~ <del>****</del>	negative
Amobarbital	negativ			
Butabarbital	negativ	re Codeine		negative
Butalbital	negativ		e	negative
Pentobarbital	negativ	e Morphine		negative
Phenobarbital	negativ	e Phencyclidine		
Secobarbital	negativ	e Phencyclidin		negative
Benzodiazepines		Cannabinoid 10	0	
ACB	negativ	re THC Metaboli	te	POSITIVE
MACB	negativ			
	-			
COMMENTS:				*****
				* TEST RESULT *
				* POSITIVE *
				*********

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LING LIU

Date: 12/20/91

EPHENING LABORATORIES, INC.	FED F. BA	ATION
1505-A O'Brien Drive, Menlo Park, CA 94025  CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629526
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605   DFC 27 A9 5 Cleveland, OH 44114	Employer's Name and Address  Federal Probation	
en. CllvalAh	Account No. 1 00620.	303
Collection Site and Address	Special Tests Requested	PLAINTIFF'S  EXHIBIT  E.(4.)
Location Code:	Postodio Postoneble	Other
La di Pitettipioyittetti	Periodic Reasonable Medical 05 Cause	06 Specify:
Specimen type	Yes INO	Date Collected  1 Z   Z O   9    Social Security #  279-68-5742  Temperature
	Sallow Q. Drag	ouith.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this appearance on the specimen accompanying this form by the laboratory and to the analysis of the specimen accompanying this form by the laboratory and the conded on this form to the organization and/or individual listed on this form.	o the measure of initials	and on the label is correct Also; a consent of the analysis as well as the information
Apply Barcode vertically on bottle	OVER CAP	1629526 S
USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.	SPECIMEN DONOR'S	SIGNATURE OR INITIALS
Shipper Airbill # Date Shi	Specimen 1505-A	Chem Laboratories, Inc. O'Brien Drive Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  Complete all unshaded areas of form.  Affix tamperproof seal and barcode as illustrated.  Ask donor to sign Donor Certification and Consent and initial/sign.  Place specimen and laboratory copy of Chain of Custody form in  Keep specimen in secure storage until shipped.  Distribute copies of Chain of Custody form as indicated on each	shipping container.	·

HARMCHEM LABORATORIES, INC.

BORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

CCOUNT NUMBER:	100620303	BARCODE N	UMBER:			004629526
END TO: ATT: Keith A. Koenning,	CUSPO	SPECIMEN SPECIMEN				
J.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113	100	SPECIMEN TEST TYPE LOCATION	: ·			12/20/91
				•		004171066
		ACCESSION DATE RECE		•		12/27/91
old Acct. No: FP 62C		DATE REPO				01/01/92
	TEST METHODS		ION LEV			
Drug or		tial Test		Confirm	ation	
Drug Class	Method	Cut	off	Method		CutOff
Amphetamines	EMIT	1000	ng/ml	GC/MS		250 ng/ml
Barbiturates	EMIT		ng/ml	GC		500 ng/ml
Benzodiazepines	EMIT		ng/ml	GC		200 ng/ml
Cocaine Metabolite	EMIT		ng/ml	GC		300 ng/ml
Methadone	EMIT		ng/ml	GC		300 ng/ml
Opiates	EMIT		ng/ml	GC/MS		150 ng/ml
Phencyclidine	EMIT		ng/ml ng/ml	GC/MS HPTLC		25 ng/ml 50 ng/ml
Cannabinoid 100	EMIT		, 119/MI			===========
		ST RESULTS				<b>(7)</b>
Drugor	Test		Drug			Test
Drug class	Result	; :	Drug c	lass =======		Result
Amphetamines			ine Met			
Amphetamine	negativ		enzoylec	gonine	1	negative
Methamphetamine	negativ	-	adone			
Barbiturates			thadone		1	negative
Amobarbital	negativ	_				4
Butabarbital	negativ	_	deine			negative
Butalbital	negativ		dromorp	none		negative negative
Pentobarbital Phenobarbital	negativ negativ		orphine ocyclidi:	ma	,	legative
Secobarbital	negativ		nencycli		,	negative
Benzodiazepines	negaciv		abinoid			reguetve
ACB	negativ		IC Metab		1	POSITIVE
MACB	negativ					
COMMENTS:					***	k*******
					* T]	EST RESULT * POSITIVE *

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LORRIE SEDILLOS

Date: 01/01/92

\*\*\*\*\*\*\*\*\*

LABORATORIES, INC.	FED ?	ABATION
CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629538
sults Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Federal Prof	
Unit CLEVEL	Account No. 1 0 C	620303
ABM	Special Tests Request	PLAINTIFF'S EXHIBIT  R(S)
cation Code:  Reason For Test (Check One)  Post	Periodic Re	asonable Other
01 Preemployment 02 Random 03 Accident	O4 Medical 05 Ca	rse 06 Specify:
Specimen Type  Urine  Blood  Urine and Blood  Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)	Yes No	Date Collected  1 Z Z Z 9 9 1  Social Security #
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on the it bears the same identification number as set forth above and that it has	als form is the specimen presente	279-68-5747 Temperature  d to me by the donor providing the certification below, the local in accordance with the instructions provided.
	Collector's Signature	a. dragowich.
DONOR CERTIFICATION AND CONSENTS perifyrinat the specimen active specimen container was sealed with a temperor seal in my present to the analysis of the specimen accompanying this form by the laboratory recorded on this form to the organization and/or individual listed on this form	companying this form is any own co and that the information providing to the release by the laboratom.  Opnor's Signature or Initial	hall B
Apply Apply	294629538 <b>5</b> 8	146 200
Apply Barcode vertically on bottle  SECOND SEAL AND CODE FOR BLOOD  COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN	DONOR'S SIGNATURE OR INITIALS
ompto.	e Shipped Ship	1505-A O'Brien Drive
INSTRUCTIONS TO COLLECTOR  Complete all unshaded areas of form.		

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
   Distribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC.

ABORATORY 505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT ABM

						ABM
CCOUNT NUMBER:	100620303	BAR	CODE NUMBER:		<b>~</b> 00	4629538
END TO: ATT: Keith A. Koenning J.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113		SPEC SPEC TEST	CIMEN ID: CIMEN ID: CIMEN DATE: F TYPE: ATION CODE:		1	12/27/91
old Acct. No: FP 62C		DAT	ESSION NUMBER E RECEIVED: E REPORTED:		(	04197820 01/03/92 01/03/92
	TEST METHODS	AND I	DETECTION LEV	======= ELS		
Drug or Drug Class			Test CutOff	Confirm Method	mation Test	
Amphetamines Barbiturates Benzodiazepines	EMIT EMIT EMIT		1000 ng/ml 300 ng/ml 300 ng/ml	GC/MS GC GC	500 200	ng/ml ng/ml ng/ml
Cocaine Metabolite Methadone Opiates	EMIT EMIT EMIT		300 ng/ml 300 ng/ml 300 ng/ml	GC GC/MS	300 150	ng/ml ng/ml ng/ml
Phencyclidine Cannabinoid 100	EMIT EMIT		25 ng/ml 100 ng/ml	GC/MS HPTLC		ng/ml
		esť r	ESULTS			
Drug or Drug class	Test Result	:	Drug Drug c		Te: Resi	
Amphetamines Amphetamine Methamphetamine	negativ negativ		Cocaine Met Benzoylec Methadone Methadone	gonine	nega	
Barbiturates Amobarbital Butabarbital	negativ negativ	ve .	Opiates Codeine		nega	tive
Butalbital Pentobarbital Phenobarbital	negativ negativ negativ	ve	Hydromorp Morphine Phencyclidi		nega:	
Secobarbital Benzodiazepines	negativ		Phencycli Cannabinoid	dine 100	nega	
ACB MACB	negativ negativ		THC Metab	olite	POSI	TIVE
COMMENTS:					* TEST	****** RESULT * ITIVE *

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LING LIU

Date: 01/03/92

\*\*\*\*\*

LABORATORIES, IN	FED POB	ATION
1505-A O'Brien Drive, Menio Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629542
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	Employer's Name and Address  Federal Probation	
668 Euclid Avenue #605 Cleveland, OH 44114	Account No. 1 0 0 6 2 0	707
	Special Tests Requested	202
Collection Site and Address  ABM Z  Collection Code:	T H C	PLAINTIFF'S EXHIBIT B(6)
Reason For Test (Check Gne)  Ot Preemployment 02 Random 03 Accident 0	Periodic Reasonable 04 Medical 05 Cause	Other 06 Specify:
Specimen Type	plit Sample (Collect only if required by Cli	ent)
Urine Blood Urine and Blood  Specimen Identification (This information will appear only on plies 1,3.)	LI Yes JANO	Date Collected 1 Z 31 9
Specimen Identification (This information will appear only on piles 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been		Social Security # 279-68-5742— Temperature
DONOR CERTIFICATION AND CONSENT a certify mat time specimen a com-	Cottactor's Siddaluse	Oragovich.
io the analysis of the specimen accompanying this form by the aboratory and recorded on this form to the organization and/or individual listed on this form.	Donor's Signature or Initials	add
Apply Apply	4629542 <b>S</b> ®	
Apply Barcode vertically on bottle  SE SECOND SEAL AND ARCODE FOR BLOOD OR SPLIT SAMPLE.	PLACE OVER CAP OF SPECIMEN NO. 90 DONOR	9 S SIGNATURE OR INITIALS
Shipper Airbill # Date Sh	Specimen 150	rmChem Laboratories, Inc. 5-A O'Brien Drive Ilo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all unshaded areas of form.		

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

AMCHEM LABORATORIES, INC.

BORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

I'	lelifo Park, C	A, 94025		REPORT
COUNT NUMBER:	100620303	BARCODE NUMBER:	========	 004629542
ND TO:		SPECIMEN ID:		
TT: Keith A. Koenning,	CIICDO			
.S. Probation Office	CUSPU	SPECIMEN ID:		10/07/01
10 Lakeside West Ste 4	00	SPECIMEN DATE:		12/31/91
leveland, OH 44113	00	TEST TYPE:		
reversite, on 44113		LOCATION CODE:		•
		ACCESSION NUMBER		004210999
		DATE RECEIVED:		01/06/92
ld Acct. No: FP 62C		DATE REPORTED:		01/09/92
	EST METHODS	AND DETECTION LEV	zzzzzzze: ELS	
Drug or		tial Test		mation Test
Drug Člass	Method	CutOff	Method	CutOff
=======================================				=======================================
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	
Opiates	EMIT		GC/MS	300 ng/ml
Phencyclidine	EMIT	300 ng/ml		150 ng/ml
Cannabinoid 100		25 ng/ml	GC/MS	25 ng/ml
=======================================	EMIT	100 ng/ml	HPTLC	50 ng/ml
	TE	ST RESULTS		` .
Drug or	Test	Drug	or	Test
Drug class	Result	Drug c		Result
Amphotomines				
Amphetamines		Cocaine Met		
Amphetamine	negative		gonine	negative
Methamphetamine	negative			
Barbiturates	•	Methadone		negative
Amobarbital	negativ	Opiates		
Butabarbital	negative	Codeine		negative
Butalbital	negative	Hydromorp	hone	negative
Pentobarbital	negative			negative
Phenobarbital	negative		ne	negacive
Secobarbital	negative	2		•
Benzodiazepines	3	Cannabinoid		negative
ACB	negative			DOCTOTO
MACB	negative		TILLE	POSITIVE
)MMENTS:				
NETERATOR 2				******
				* TEST RESULT *

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that

ults Certified by: SUZANNE SAMPSON

Date: 01/09/92

POSITIVE



J'Brien Drive, Mento Park, CA 94025

FED PRABATION

	AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004625545
tesu K∉	its Name and Address ith A. Koenning, Chief Prob. Off deral Probation Office	Employer's Name and Address Federal Probation	
66 C1	8 Euclid Avenue #605 eveland, OH 44114	Account No.	
		100620	303
	ction Site and Address	Special Tests Requested	PLAINTIFE'S
	ABM	THC	EXHIBIT B(77)
	•		A STATE OF THE STATE OF THE STATE OF
Loca	tion Code:		
873	U 01 Preemployment 202 Handom 2 00 Mediani	Periodic Reasonable 04 Medical 05 Cause	Other 06 Specify:
- W	Urine Blood Urine and Blood	plit Sample (Collect only if required by Clier Yes No	
916	Specimen Identification (This information will appear only on plies 1,3.)		Date Collected
COLLECTOR COMPLETES	Specimen Identification (This information will appear on all copies.)		Social Security #
001	Parada Careanina Callaction		279-68-5742 Temperature
TOR	Remarks Concerning Collection		·
TEC			lease providing the confidentian halow that
COL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	rm is the specimen presented to me by the c n collected, labeled and sealed in accordant	ce with the instructions provided.
7	===	011 010	
	<b>5</b> 5	Collector's signature	ragovich.
0	DONOR CERTIFICATION AND CONSENT Specify that the specimen accomp	carrying this form is my own and must prove	led it to me collector. Further, I ceruly that
HOH ETE	DONOR CERTIFICATION AND CONSENTS certify that the specimen accompany to the specimen container was sealed with a tamper proof seal in my presence an ato the analysis of the specimen accompanying this form by the laboratory and resorded on this form to the organization and/or additional listed on this form.	to the pease by the appratory of the result	s of the analysis as well as the information
DONOR			a dho
్ర	Marie Control of the	Donor's Signature or Initials	
	B III		
	600	4629549 <b>S</b>	
Ar	oply > E 3		
- T	· · ·     • · ·   1 · · · · · · · · · · · · · · · ·		

USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.

Barcode vertically on bottle

	OVER CAP OF	3
COLLECTOR'S SIGNATURE	SPECIMEN DONOR'S SIGNATURE OR INITIAL	S

300 July 200	Augus A	1	3	92	Specimen	1505-A O'Brien Drive Menlo Park, CA 94025-1435

## INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.

)5-A O'Brien Drive, Menlo Park, CA,

100620303 BARCODE NUMBER: ·004629549\* COUNT NUMBER: VD TO: SPECIMEN ID: TT: Keith A. Koenning, CUSPO SPECIMEN ID: 01/03/92 .S. Probation Office SPECIMEN DATE: 10 Lakeside West Ste 400 TEST TYPE: LOCATION CODE: leveland, OH 44113 004215692 ACCESSION NUMBER: 01/06/92 DATE RECEIVED: DATE REPORTED: 01/08/92 ld Acct. No: FP 62C 

TEST METHODS AND DETECTION LEVELS

Drug or	Initia	l Test	Confirmation	
Drug Class	Method	CutOff	Method	CutOff
		1000/-1	GC/MS	250 ng/ml
Amphetamines	EMIT	1000 ng/ml		
Barbiturates	EMIT	300  ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300  ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300  ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	_
Opiates	EMIT	300  ng/ml		
Phencyclidine	EMIT	25 ng/ml	GC/MS	
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
Opiates Phencyclidine	EMIT EMIT	300 ng/ml 25 ng/ml	GC/MS . GC/MS	300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	nosativo
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	_
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines	<b>3</b>	Cannabinoid 100	•
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		
OMMENTS •			********

OMMENTS:

TEST RESULT \* POSITIVE

REPORT

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above,

at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: LING LIU

Date: 01/08/92

505-A O'Brien Drive, Menic CHAIN OF CUSTOD		ALYSIS ON Specia	men No.	0004629560
esuits Name and Address			r's Name and Addr	ess
Keith A. Koenn Federal Probat	ing, Chief Pr	A)0:06 Feder	ral Probat	ion
668 Euclid Ave	nue #602 JAN 1	3 410.00		
Cleveland, OH	44114	CLARD Account	No. a a a a	
	Unis	CLL	1006	20303
collection Site and Address		1 '	Tests Requested	Sample A INTERIO
ABM .			H ⊂	EXHIBIT
ocation Code:		6		
Reason For Test (Check C	One)	Post Periodic	Reasona	Other Other 06 Specify:
01 Preemployment	02 Random 0	3 Accident L 04 Medical	O5 Cause (Collect only if require	
		ne and Blood Yes	No	
Specimen Identification (T	his information will appear on	ly on plies 1,3.)		Date Collected
Specimen Identification (T	his information will appear on	all copies.)		Social Security #
So				279 - 48 - 574 Temperature
		Collected	Thera d	e by the donor providing the certification below, to accordance with the instructions provided.
O DONOR CERTIFICATION	IAND CONSENT, I contrivent	rine specimen accompanying this seal in my presence and that the ip	form is my own and it formation provided or	hat i provided it to the collection. Further, I certify this form and on the label is correct. Also, I constitute results of the analysis as well as the information of the analysis as well as the information.
the specimen container was to the analysis of the specimen container was to the specimen to th	cimen accompanying this form the organization and/or individ	by the taboratory and to the release	to by the laboratory of	the results of the analysis as well as the informa
	September 1		10-1-1	hoolf
Ö		Donor s S	Signature or Antitale	
(सुरु ह				
		2	605	
Apply Barcode vertically				
vertically	e :	V 1785	E \ ac===================================	
on bottle		PLACI OVER CO		0004629560 S
SE SECOND SEAL AND ARCODE FOR BLOOD	COLLECTOR'S SIGN		IEN/	DONOR'S SIGNATURE OR INITIALS
Shipper	Airbill #	Date Shipped	Ship	PharmChem Laboratories, Inc.
	1	<b>V</b>	Specimen	1505-A O'Brien Drive
	0	1/10/92	To	Menio Park, CA 94025-1435

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
   Place specimen and laboratory copy of Chain of Custody form in shipping container. Keep specimen in secure storage until shipped.

'stribute copies of Chain of Custody form as indicated on each copy.

5-A O'Brien Drive, i	mento Park, C	A, 54025		
OUNT NUMBER:	100620303	BARCODE NUMB	======== ER:	004629560
D TO: T: Keith A. Koenning	CIICDO	SPECIMEN ID: SPECIMEN ID:		
S. Probation Office	COSPO	SPECIMEN DATE	E:	01/10/92
O Lakeside West Ste	100	TEST TYPE:		
eveland, OH 44113		LOCATION COD	E:	
•		- GGEGGTON 1997	IMPD .	004257641
•		ACCESSION NU		01/14/92
1 2 4 No. 20 620		DATE RECEIVED		01/17/92
.d Acct. No: FP 62C	=======================================	DATE REPORTE	 =========	
		AND DETECTION	LEVELS	
Drug or	Ini	tial Test		ation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng		250 ng/ml
Barbiturates	EMIT	300 ng	•	500 ng/ml
Benzodiazepines	EMIT	300 ng	*	200 ng/ml
Cocaine Metabolite	EMIT	300 ng	•	300 ng/ml
Methadone	EMIT	300 ng		300  ng/ml
Opiates	EMIT	300 ng		150 ng/ml
Phencyclidine	EMIT	25 ng	/ml GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng	/ml HPTLC	50 ng/ml
	=====================================	EST RESULTS		
Drug or	Test		Drug or	Test
Drug class	Result	br Dr	ug class	Result
			Metabolite	
Amphetamines			ylecgonine	negative
Amphetamine	negativ			ilegaet vo
Methamphetamine Barbiturates	negaci	Metha		negative
Amobarbital	negativ			
Butabarbital	negativ			negative
Butalbital	negativ		morphone	negative
Pentobarbital	negativ			negative
Phenobarbital	negativ	_		-
Secobarbital	negativ	_	yclidine	negative
Benzodiazepines			noid 100	_
ACB	negati	ve THC M	Metabolite	POSITIVE
MACB	negati			
OMMENTS:				*****
JAMES OF THE STREET, S				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: MIKE MCMANAMON

Date: 01/17/92

\*\*\*\*\*\*

Federal Probation  Account No. 100620101  Special Tests Requested			FE	ED PC	NOITA-AC
Federal Probation   Fede	1505-A O'Brien Drive, Menlo Park,	CA 94025	Specim	nen No. 0	004930428
Account No. 100620101    Collection Site and Address   Collection   Co			Employer's		
Plant   Plan	Cleveland, OH 441	14	Account N	100	620101
Reason For Test (Check One)  Or Preemployment  Or Preemployment  Or Preemployment  Specimen Type  Or Preemployment  Specimen Identification (This information will appear only on piles 1,3.)  Specimen Identification (This information will appear only on piles 1,3.)  Specimen Identification (This information will appear only on piles 1,3.)  Specimen Identification (This information will appear only on piles 1,3.)  Specimen Identification (This information will appear on all copies.)  Specimen Identification (This information will appear on all copies.)  Specimen Identification (This information will appear on all copies.)  Specimen Identification (This information will appear on all copies.)  Specimen Identification (This information will appear on all copies.)  Temperature  COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it has been collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature	Collection Site and Address				PLAINTIFF'S EXHIBIT
Collector   Signature   Coll	Location Code:		So to the	Pancanah	lo Other
Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Temperature  COLLECTOR CERTIFICATION: 1 certify that the specimen Identified on this form is the specimen presented to me by the donor providing the certification below, that it has been collected, labeled and sealed in accordance with the instructions provided.  Collector's Stignature  COLLECTOR CERTIFICATION AND CONSENTS Sentiny that the Specimen Senting that the specimen Identified on this form is the specimen and the Information of the Information in the Information of the Information in the Information of Inform			O4 Medical	☐ 05 Cause	☐ 06 Specify:
Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear only on piles 1,3.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identification (This Information will appear on all copies.)  Specimen Identific	☐ Lirine ☐ Bloc	d Urine and Blood	1 (		
Apply Donor's Signature  Apply Donor's Signature  Apply Donor's Signature  Collector's Signature  Cap Of  Specimen  Donor's Signature Or Initials  PharmChem Laboratories, Inc.  Shipper  Specimen  Shipper  Specimen  Shipper  Alrbill #  Date Shipped  Specimen  Specimen  1505-A O'Brien Drive	Specimen Identification (This infor		3.)		Date Collected
Apply Donor's Signature  Apply Donor's Signature  Apply Donor's Signature  Collector's Signature  Cap Of  Specimen  Donor's Signature Or Initials  PharmChem Laboratories, Inc.  Shipper  Specimen  Shipper  Specimen  Shipper  Alrbill #  Date Shipped  Specimen  Specimen  1505-A O'Brien Drive	Specimen Identification (This Info	mation will appear on all copies.)			Social Security #
Apply Donor's Signature  Apply Donor's Signature  Apply Donor's Signature  Collector's Signature  Cap Of  Specimen  Donor's Signature Or Initials  PharmChem Laboratories, Inc.  Shipper  Specimen  Shipper  Specimen  Shipper  Alrbill #  Date Shipped  Specimen  Specimen  1505-A O'Brien Drive	Specifical formation (Title State of Specifical				Temperature
Apply Donor's Signature  Apply Donor's Signature  Apply Donor's Signature  Collector's Signature  Cap Of  Specimen  Donor's Signature Or Initials  PharmChem Laboratories, Inc.  Shipper  Specimen  Shipper  Specimen  Shipper  Alrbill #  Date Shipped  Specimen  Specimen  1505-A O'Brien Drive	Remarks Concerning Collection				
Apply Donor's Signature  Apply Donor's Signature  Apply Donor's Signature  Collector's Signature  Cap Of  Specimen  Donor's Signature Or Initials  PharmChem Laboratories, Inc.  Shipper  Specimen  Shipper  Specimen  Shipper  Alrbill #  Date Shipped  Specimen  Specimen  1505-A O'Brien Drive	TO A STORE CENTIFICATION: 1	andify that the specimen identified	on this form is the spec	cimen presented to me	by the donor providing the certification below, that
DONOR CERTIFICATION AND CONSENT or conflict that the specimen accompanying this form as my, own and that I provided at to the collector a further I conflict the first that the specimen bontainer was sealed with a tamperproof seal in my presence and that the information provided on this form and on the labelts correct. I conflict the specimen accompanying this form by the laboratory and to the presence on the labelts correct. I conflict the specimen accompanying the form by the laboratory of the presence o	it bears the same identification nu	imber as set forth above and that it	has been collected, la	beled and sealed in a	accordance with the instructions provided.
DONOR CERTIFICATION AND CONSENT or conflict that the specimen accompanying this form as my, own and that I provided at to the collector a further I conflict the first that the specimen bontainer was sealed with a tamperproof seal in my presence and that the information provided on this form and on the labelts correct. I conflict the specimen accompanying this form by the laboratory and to the presence on the labelts correct. I conflict the specimen accompanying the form by the laboratory of the presence o			ON W	1. Schne	fulling
Apply Barcode vertically on bottle  See Second Seal And Date Shipper  Shipper  Airbill #  Date Shipped  Specimen  Specimen No. 2024932428  PLACE OVER CAP OF SPECIMEN No. 2024932428  Donor's Signature or Initials  PharmChem Laboratories, Inc.  Shipper  Ship Specimen  PharmChem Laboratories, Inc.  1505-A O'Brien Drive			Collector's	Signature	et i provided it to the collector & urther, I certify that
Apply Barcode vertically on bottle  See Second Seal And Date Shipper  Shipper  Airbill #  Date Shipped  Specimen  Specimen No. 2024932428  PLACE OVER CAP OF SPECIMEN No. 2024932428  Donor's Signature or Initials  PharmChem Laboratories, Inc.  Shipper  Ship Specimen  PharmChem Laboratories, Inc.  1505-A O'Brien Drive	DONGE CERTIFICATION AND C	ONSENT of certify that the specime of with a tamper proof seal in my process and the laboration by the	er accompanying this assence and that the initial and to the release	ormation provided on by the laboratory of	this form and on the label's correct Also I consent the results of the analysis as well as the information
Apply Parcode vertically on bottle  See Second Seal and Jarcode For Blood PharmChem Laboratories, Inc.  Shipper  Airbill #  Date Shipped  Specimen  Specimen No. 2024932428  Donor's Signature or Initials PharmChem Laboratories, Inc.  Shipper  PharmChem Laboratories, Inc.  1505-A O'Brien Drive	recorded on this form to the orga	rilzetion and/or individual listed on	this form.		
Apply Barcode vertically on bottle COLLECTOR'S SIGNATURE  SEE SECOND SEAL AND PARCODE FOR BLOOD OR SPLIT SAMPLE.  Shipper  Airbill #  Date Shipped  Place OVER CAP OF SPECIMEN  DONOR'S SIGNATURE OR INITIALS  PharmChem Laboratories, Inc.  1505-A O'Brien Drive  1505-A O'Brien Drive	a S		Donor's Si	gnature or Initials	
Apply Barcode vertically on bottle COLLECTOR'S SIGNATURE  SEE SECOND SEAL AND PARCODE FOR BLOOD OR SPLIT SAMPLE.  Shipper  Airbill #  Date Shipped  Place OVER CAP OF SPECIMEN  DONOR'S SIGNATURE OR INITIALS  PharmChem Laboratories, Inc.  1505-A O'Brien Drive  1505-A O'Brien Drive		. 4-9			-
Shipper  Airbill #  Date Shipped  Ship PharmChem Laboratories, Inc. 1505-A O'Brien Drive			(F	PLACE OVER	ECIMEN NO. <b>0004930428</b>
Shipper Airbill # Date Shipped Ship PharmChem Laboratories, Inc.  Specimen	Barcode vertically on bottle	COLLECTOR'S SIGNATURE			
Shipper Airbill # Date Shipped Ship PharmChem Laboratories, Inc.  Specimen 1505-A O'Brien Drive	USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.				
		Airbill #	Date Shipped	Specimen -	1505-A O'Brien Drive

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

BORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

:======================================		==========			
OUNT NUMBER: 100620101	BARCODE NUMBER:	004930428			
ID TO: T: Keith A. Koenning, CUSPO S. Probation Office O Lakeside West Ste 400 Leveland, OH 44113	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	01/13/92			
d Acct. No: FP 62A	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004282830 01/18/92 01/22/92			
MEAN ADDITIONS AND DEPROPERTURE ADDITION OF THE PROPERTY OF TH					

TEST METHODS AND DETECTION LEVELS Initial Test Drug or Confirmation Test Drug Class Method CutOff Method CutOff Amphetamines 1000 ng/ml EMIT GC/MS 250 ng/ml Barbiturates EMIT 300 ng/ml GC 500 ng/ml Benzodiazepines  $300 \, \text{ng/ml}$ EMIT GC  $200 \, \text{ng/ml}$ Cocaine Metabolite EMIT 300 ng/ml GC 300 ng/ml Methadone 300 ng/ml GC EMIT 300 ng/ml Opiates EMIT 300 ng/ml GC/MS 150 ng/ml Phencyclidine 25 ng/ml EMIT GC/MS 25 ng/ml

Opiates EMIT 300 ng/ml GC/MS 150 ng/ml
Phencyclidine EMIT 25 ng/ml GC/MS 25 ng/ml
Cannabinoid 100 EMIT 100 ng/ml HPTLC 50 ng/ml
TEST RESULTS

Drug or Test Drug or Test

Drug class	Result	* Drug class	Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Secobarbital Benzodiazepines ACB MACB	negative	Cocaine Metabolite Benzoylecgonine Methadone Methadone Opiates Codeine Hydromorphone Morphine Phencyclidine Phencyclidine Cannabinoid 100 THC Metabolite	negative negative negative negative negative negative POSITIVE

MMENTS:

\*\*\*\*\*\*\*\*\*\*\*\*

\* TEST RESULT \*

\* POSITIVE \*

\*\*\*\*\*\*\*\*\*\*\*\*\*

I certify that the specimen identified by this accession number is the same cimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that cimen.

ults Certified by: LING LIU

Date: 01/22/92

	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	FED -JP-4TION
150	5-A O'Brien Drive, Menlo Park, CA 94025	Specimen No. 0004929419
F 6	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office  68 Euclid Avenue #605 leveland, OH 44114	Employer's Name and Address  Federal Probation  2
	ST	Account No. 100620101
<i>f</i> -	ection Site and Address	Special Tests Requested  THC  PLAINTIFF'S  IEXHIBIT  B(0)
Loca	ation Code:	·
		Periodic Reasonable Other Medical 05 Cause 06 Specify:
260		olit Sample (Collect only If required by Client)  Yes No
COMPLETES	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected
JAMC	Specimen Identification (This information will appear on all copies.)	Social Security # 279 - 68 - 5742
COLLECTOR CO	Remarks Concerning Collection	Temperature
COMPLETES		Collector's Signature  anying this rom's any own and that I provided it to the collector a uniter, I certify that it that it the interest of the laboratory of the results of the enalty is as well as the information provided.  Donor's Signature or Initials
-	oply barcode artically	929419 S
OF JSE SI BARCO	econd seal and collector's signature collectors signature	PLACE OVER CAP OF SPECIMEN NO. 0004929419  DONOR'S SIGNATURE OR INITIALS
	Shipper Airbill # Date Ship	Ship Specimen Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
• (	STRUCTIONS TO COLLECTOR  Complete all <u>unshaded</u> areas of form.  Affix tamperproof seal and barcode as illustrated.  Ask donor to sign Donor Certification and Consent and initial/sign	

• Place specimen and laboratory copy of Chain of Custody form in shipping container.

• Distribute copies of Chain of Custody form as indicated on each copy.

• Keep specimen in secure storage until shipped.

PLY 1

Amphetamines

Barbiturates

Phencyclidine

Cannabinoid 100

Methadone

Opiates

Benzodiazepines

Cocaine Metabolite

15-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

250 ng/ml

500 ng/ml

200 ng/ml

300 ng/ml

300 ng/ml

150 ng/ml

25 ng/ml

50 ng/ml

\* POSITIVE \*

,				
OUNT NUMBER:	100620101	BARCODE NUMBER:		004929419
ID TO: T: Keith A. Koenning, S. Probation Office 10 Lakeside West Ste 40 Leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/14/92
d Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	·	004282142 01/17/92 01/22/92
Drug or Drug Class		AND DETECTION LEVE tial Test CutOff	Confirmation	Test CutOff

1000 ng/ml

300 ng/ml

300 ng/ml

300 ng/ml

 $300 \, \text{ng/ml}$ 

25 ng/ml

100 ng/ml

300 ng/ml

GC/MS

GC/MS

GC/MS

HPTLC

GC

GC

GC

GC

TEST RESULTS

EMIT

EMIT

EMIT

EMIT

EMIT

EMIT

EMIT

EMIT

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negative negative	Cocaine Metabolite Benzoylecgonine Methadone Methadone	negative negative
Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative negative	Opiates Codeine Hydromorphone Morphine Phencyclidine	negative negative negative
Secobarbital Benzodiazepines ACB MACB	negative negative	Phencyclidine Cannabinoid 100 THC Metabolite	negative POSITIVE
DMMENTS:			************* * TEST RESULT *

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that scimen.

sults Certified by: LING LIU

Date: 01/22/92

16	LABORATORIES, INC.	FED POTATION
	S-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929424
F 6	wits Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office 68 Euclid Avenue #605 leveland, OH 44114	Employer's Name and Address  Federal Probation  24
	CLEVE	Account No. 100620101
	ABM	Special Tests Requested  THC  PLAINTIFF'S  EXHIBIT  B(II)
Loca	ation Code:	
	Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  O 0	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
		pit Sample (Collect only if required by Client)  Yes  No
COLLECTOR COMPLETES	Specimen Identification (This information will appear only on piles 1,3.)  add  Specimen Identification (This information will appear on all copies.)	Date Collected 1 17 92  Social Security #
ECTOR C	Remarks Concerning Collection	279-68-574-2 Temperature
COL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.  Collector's bignature
COMPLETES	DONOR CERTIFICATION AND CONSENT? certify that the specimen accompanies specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the taboratory and trecorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that i provided it to the collector further, i certify that the information provided on this form and on the jabel is correct. Also, i consent o the jeasely the laboratory of the results of the analysis as well as the information.  Donor's Signature or initials.
Ap	poly ► 3	929424 S <sup>®</sup>
Vei On E SE	trically bottle  COND SEAL AND  COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2004929424 S  DONOR'S SIGNATURE OR INITIALS
	DE FOR BLOOD IT SAMPLE.	
	Shipper Airbill # Date Ship	Ship Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
• (	STRUCTIONS TO COLLECTOR  Complete all <u>unshaded</u> areas of form.  Affix tamperproof seal and barcode as illustrated	

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
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ABM

RMCHEM LABORATORIES, INC.

5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

3-A O Brien Brive, 1	lenio raik, c	A) 34025		1111 0111
OUNT NUMBER:	100620101	BARCODE NUMBER:		004929424
T: Keith A. Koenning, S. Probation Office O Lakeside West Ste 4 eveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/17/92
d Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:	*	004300590 01/22/92 01/24/92
	EST METHODS	AND DETECTION LEV	======= ELS	
Drug or Drug Class	Method	tial Test CutOff	Method	nation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		======================================		
Drug or Drug class	Test Result	Drug Drug c		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negativ negativ	Cocaine Met e Benzoylec		negative negative
Amobarbital Butabarbital Butalbital Pentobarbital	negativ negativ negativ negativ	e Codeine e Hydromorp e Morphine		negative negative negative
Phenobarbital Secobarbital Benzodiazepines ACB	negativ negativ negativ	e Phencyclic Cannabinoid e THC Metabo	dine 100	negative POSITIVE
MACB DMMENTS:	negativ	е		************* * TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: LING LIU

Date: 01/24/92

CABORATORIES, IN.	FED P CAATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929427
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office  668 Euclid Avenue #605	Employers Name and Address  Federal Probation
668 Euclid Avenue #605 (27 a) Cleveland, OH 44114	Account No. 100620101
Collection Site and Address	Special Tests Requested
ABM .	PLAINTIFF'S EXHIBIT
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  O 04	Periodic Reasonable Other Other Of Specify:
Specimen Type S	plit Sample (Collect only if required by Client)
Urine Blood Urine and Blood  Specimen Identification (This Information will appear only on plies 1,3.)	Yes Date Collected
Specimen identification (This information will appear only on piles 1,5.)	1 21 92
Specimen Identification (This information will appear on all copies.)	Social Security #
	279-68-5742 Temperature
Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	
	m is the specimen presented to me by the donor providing the certification below, that in collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature
DONOR CERTIFICATION AND CONSENTS comity that the specimen accompanying this specimen container was sealed with a tamperproof seal in my presence an to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.	Danying this row own and that a provided it to the collector. Further, a certify that id that the information provided on this form and on the label is correct. Also, i consent to the release by the laboratory of the results of the analysis as well as the information.  Donor's Signature or Initials
Apply Barcode vertically	1929427 Sa
vertically	( NACE )
on bottle	(PLACE OVER CAP) SPECIMEN NO. 0004929427 S
ISE SECOND SEAL AND COLLECTOR'S SIGNATURE SARCODE FOR BLOOD OR SPLIT SAMPLE.	SPECIMEN DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Ship	
511 08	Specimen 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all unchaded areas of form	
<ul> <li>Complete all <u>unshaded</u> areas of form.</li> <li>Affix tamperproof seal and barcode as illustrated.</li> </ul>	
<ul> <li>Ask donor to sign Donor Certification and Consent and initial/sign</li> <li>Place specimen and laboratory copy of Chain of Custody form in the company of the company of</li></ul>	

• Keep specimen in secure storage until shipped.

Distribute copies of Chain of Custody form as indicated on each copy.

os-a o brief brive, a	enio Park, C	A, 94023		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:	=======	004929427
ND TO:		CDECIMEN ID.		
TT: Keith A. Koenning,	CHEDO	SPECIMEN ID:		
S. Probation Office	CUSPO	SPECIMEN ID:		0.10.10.
10 Lakeside West Ste 4(	10	SPECIMEN DATE:		01/21/92
	JU -	TEST TYPE:		
leveland, OH 44113		LOCATION CODE:		
		ACCESSION NUMBER	•	004319558
		DATE RECEIVED:		01/25/92
ld Acct. No: FP 62A		DATE REPORTED:		01/28/92
me	CO MEMUODOS	AND DETECTION LEV		
Drug or		tial Test		nation Test
Drug Class	Method	CutOff	Method	
=======================================				CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	150 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	25 ng/ml
			nrthC	50 ng/ml
	TE	ST RESULTS		× .
Drug or	Test	Drug	or	Test
Drug class	Result	Drug cl	lass	Result
Amphetamines		Cognine Vet		
Amphetamine	negative	Cocaine Meta		
Methamphetamine			Jonine	negative
Barbiturates	negative			
Amobarbital	ma ma trá an	Methadone		negative
Butabarbital	negative			
Butalbital	negative			negative
Pentobarbital	negative	4	one	negative
	negative	_		negative
Phenobarbital	negative			
Secobarbital	negative			negative
Benzodiazepines		Cannabinoid		_
ACB	negative		lite	POSITIVE
MACB	negative	9		
COMMENTS:	*			
				*******
				* TEST RESULT *

I certify that the specimen identified by this accession number is the same secimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in secimen.

sults Certified by: SUZANNE SAMPSON

Date: 01/28/92

POSITIVE

LABORATORIES, IN	FED ATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929434
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	Employer's Name and Address  Federal Probation
668 Euclid Avenue #605 Cleveland, OH 44114	And Brund Blo
· · · · · · · · · · · · · · · · · · ·	100620101
Collection Site and Address AGM .  Location Code:	Special Tests Requested  PLAINTIFF'S  EXHIBIT  S (-1/3)
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  O 05	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
Specimen Type S	plit Sample (Collect only if required by Client)
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected      Z 4   4 Z
Specimen Identification (This information will appear on all copies.)	Social Security # 279-68-5742
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this for	No.
	Collected, labeled and sealed in accordance with the instructions provided.
	Collected, labeled and sealed in accordance with the instructions provided.
DONOR CERTIFICATION AND CONSENT Certify that the specimen accomplishes pecimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.	Collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature  anyting this form is my own and that I provided it to the collector. Further I periffy that d that the information provided on this form and on the label is correct. Also, I consent of the release by the laboratory of the results of the analysis as well as the information.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompline specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.  Apply  Barcode vertically on bottle  SE SECOND SEAL AND ARCODE FOR BLOOD  COLLECTOR'S SIGNATURE	Collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature  anyting this form's my own and that a provided it to the collector. Further, a certify that d that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information.  Donor's Signature or Initials
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accomplishes specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.  Apply  Barcode vertically on bottle  SE SECOND SEAL AND	Collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature  anying this form is my own and that a provided it to the collector. Further a certify that it that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information.  Donor's Signature or Initials  PLACE OVER CAP OF SPECIMEN NO. 0004929434  DONOR'S SIGNATURE OR INITIALS

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

ORATORY

57A O'Brien Drive, Menlo Park, CA, 94025 REPORT

OUNT NUMBER: 1006201	DARCODE NUMBER:	004929434
D TO: T: Keith A. Koenning, CUSPO S. Probation Office O Lakeside West Ste 400 eveland, OH 44113	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	01/24/92
d Acct. No: FP 62A	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004343950 01/29/92 01/30/92
d Acct. No: FP 62A	DATE REPORTED:	

TEST METHODS AND DETECTION LEVELS Drug or Initial Test Confirmation Test Drug Class Method CutOff Method CutOff 1000 ng/ml Amphetamines EMIT GC/MS 250 ng/ml Barbiturates EMIT 300 ng/ml GC 500 ng/ml Benzodiazepines EMIT 300 ng/ml GC 200 ng/ml Cocaine Metabolite 300 ng/ml EMIT GC  $300 \, \text{ng/ml}$ Methadone EMIT 300 ng/ml GC 300 ng/mlOpiates EMIT 300 ng/ml GC/MS 150 ng/ml Phencyclidine EMIT 25 ng/ml GC/MS 25 ng/ml100 ng/ml HPTLC Cannabinoid 100 EMIT 50 ng/ml 

TEST RESULTS Test Drug or Drug or Test Drug class Result Drug class Result Amphetamines Cocaine Metabolite Amphetamine negative Benzoylecgonine negative Methamphetamine negative Methadone Barbiturates Methadone negative Amobarbital negative Opiates Butabarbital negative Codeine negative Butalbital negative Hydromorphone negative Pentobarbital negative Morphine negative Phenobarbital negative Phencyclidine Secobarbital negative Phencyclidine negative Benzodiazepines Cannabinoid 100 ACB negative THC Metabolite POSITIVE MACB negative

DMMENTS:

\*\*\*\*\*\*\*\*\*\*\*\*\*
\* TEST RESULT \*
\* POSITIVE \*

Date: 01/30/92

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that scimen.

FEITHER CONTROLLS	FED TO JBATION
1505-A O'Brien Drive, Menlo Park, CA 94025  CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929463
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 [1] All: 2 Cleveland, OH 44114	Employer's Name and Address  Federal Probation  3
	Account No. 100620101
Collection Site and Address	Special Tests Requested
ABM .	PLAINTIFF'S IEXHIBIT
Location Code:	
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident	Periodic 04 Medical 05 Cause 06 Specify:
Urine Blood Urine and Blood	Split Sample (Collect only if required by Client)  Yes No
Specimen Identification (This Information will appear only on plies 1,3.)	Date Collected,
Specimen Identification (This Information will appear only on plies 1,3.)  Lad.d  Specimen Identification (This Information will appear on all copies.)	Social Security # 279-68-5742
Remarks Concerning Collection	Temperature  orm is the specimen presented to me by the donor providing the certification below, that en collected, labeled and sealed in accordance with the instructions provided.
	Collector's Sigharite
DONORI CERTIFICATION AND CONSENT. I certify that the specimen account the specimen container was sealed with a temperoroof seal in my presence a to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual sisted on this form	parrying this form is involved and that a provided it so the collector a uniform continuation and that the aformation provided on this form and on the label is correct. Also I consent to the release by the laboratory of the results of the analysis as well as the information.  Donor's Signature or Initials
Apply Barcode vertically on bottle  USE SECOND SEAL AND COLLECTOR'S SIGNATURE SARCODE FOR BLOOD	PLACE OVER CAP OF SPECIMEN NO. 0004929463 S  DONOR'S SIGNATURE OR INITIALS
OR SPLIT SAMPLE.  Airbill # Date Sh	ipped Ship PharmChem Laboratories, Inc.
20 2/11	1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all <u>unshaded</u> areas of form.  • Affix temporarsed seed and barredo as illustrated.	

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

COUNT NUMBER:	100620101	BARCODE NUMBER:		004929463
ND TO: PT: Keith A. Koenning. S. Probation Office 10 Lakeside West Ste leveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		02/14/92
ld Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004477909 . 02/22/92 02/26/92
	TEST METHODS	AND DETECTION LEVI	ELS	
Drug or Drug Class	Method	tial Test CutOff	Method	ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		ST RESULTS		· · · · · · · · · · · · · · · · · · ·
Drug or Drug class	Test Result		lass	Test Result
Amphetamines Amphetamine Methamphetamine	negativ negativ	Cocaine Meta e Benzoylecç e Methadone	abolite	negative
Barbiturates Amobarbital	negativ	Methadone e Opiates		negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negativ negativ negativ negativ	e Codeine e Hydromorph e Morphine		negative negative negative
Secobarbital Benzodiazepines ACB MACB	negativ negativ negativ	e Phencyclic Cannabinoid e THC Metabo	line 100	negative POSITIVE
OMMENTS:				********
				* TEST RESULT *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

POSITIVE \*

LABORATORIES, IN	FED DBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 000 <b>4929531</b>
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 24 P : 08 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address  Federal Probation
	Account No. 100620101
Collection Site and Address  ABM  Location Code:	Special Tests Requested  PLAINTIFF'S  EXHIBIT  BLUST
Reason For Test (Check One)	Periodic Reasonable Other
Specimen Type    Specimen Type	4 Medical U 05 Cause U 06 Specify:
Specimen Identification (This Information will appear only on plies 1,3.)  Ladd  Specimen Identification (This information will appear on all copies.)	Date Collected 2/21/92  Social Security # 279-68-5742
Remarks Concerning Collection	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature
DONGH CERTIFICATION AND CONSENT: I certify that the specimen accompanying the specimen container was sealed with a tamperprise seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and the recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that it that the information provided on this form and on the label is correct. Also, I consent to the classe by the laboratory of the results of the analysis as well as the information.  Donor's Signature or Initials
Apply Barcode vertically on bottle  USE SECOND SEAL AND  COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2004929531 S  DONOR'S SIGNATURE OR INITIALS
BARCODE FOR BLOOD OR SPLIT SAMPLE.	SPECIMEN DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Ship.	Ship Specimen Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all <u>unshaded</u> areas of form.  • Affix tamperproof seal and barcode as illustrated	

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
  Keep specimen in secure storage until shipped.
  Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

TO DEEDE DEEVE	delilo Park, c	A, 34023		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:	======	
ID TO: T: Keith A. Koenning, CUSPO S. Probation Office O Lakeside West Ste 400 eveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	02/21/92	
		ACCESSION NUMBER		004507223 02/27/92
.d Acct. No: FP 62A		DATE REPORTED:		03/02/92
	TEST METHODS	AND DETECTION LEV	======= ELS	
Drug or		tial Test		mation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300  ng/ml	GC	300 ng/ml
Methadone	EMIT	300  ng/ml	GC	300  ng/ml
Opiates	EMIT	300  ng/ml	GC/MS	150 ng/ml
Phencyclidine Cannabinoid 100	EMIT	25 ng/ml	GC/MS	25 ng/ml
	EMIT ========	100 ng/ml	HPTLC	50 ng/ml
		ST RESULTS		`
Drug or	Test	Drug		Test
Drug class	Result	Drug c	lass	Result
Amphetamines		Cocaine Meta	abolite	
Amphetamine	negativ		gonine	negative
Methamphetamine Barbiturates	negative			
Amobarbital		Methadone		negative
Butabarbital	negative			
Butalbital	negative negative		hana	negative
Pentobarbital	negative		none	negative
Phenobarbital	negative		10	negative
Secobarbital	negative			negative
Benzodiazepines	- 3	Cannabinoid		11094CIVE
ACB	negative			POSITIVE
MACB	negative			
DMMENTS:				******
				* TEST RESULT *
				* POSITIVE *
				TODITIVE

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: SUZANNE SAMPSON

Date: 03/02/92

LABORATORIES, IN	FED TABATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929540
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office  668 Euclid Avenue #60592MAR 6 A9: Cleveland, OH 44114	Employer's Name and Address  Federal Probation
OHN CLEVELA	Appount No. 100620101
Collection Site and Address  ABM	Special Tests Requested  THC  PLAINTIFF'S  EXHIBIT  BC16
Location Code:  Reason For Test (Check One)  Post	Periodic Reasonable Other
Specimen Type Specimen Type	4 Medical 05 Cause 06 Specify:
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen Identified on this form it bears the same Identification number as set forth above and that it has been	Date Collected 3/3/9/  Social Security # 279-68-5742
Remarks Concerning Collection	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature
DONOR CERTIFICATION AND CONSENT: It certify that the specimen accompanying the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that it that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information
Apply Barcode vertically on bottle	PLACE OVER CAP SPECIMEN NO. 2004929540 S
SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE.  COLLECTOR'S SIGNATURE	SPECIMEN DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Shipper 3 3	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  Complete all unchaded greats of form	

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute conies of Chain of Custody form as indicated on each copy.

ORATORY

5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

OUNT NUMBER:	100620101	0620101 BARCODE NUMBER:		004929540
T: Keith A. Koenning, CUSPO S. Probation Office O Lakeside West Ste 400		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE:	03/03/91	
eveland, OH 44113		LOCATION CODE:		
d Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:	ER:	004564610 03/06/92 03/10/92
	EST METHODS	AND DETECTION L	eeeeeeeeeeeeeeeeee	
Drug or		tial Test		nation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml		250 ng/ml
Barbiturates	EMIT	300 ng/m		500 ng/ml
Benzodiazepines	EMIT	300 ng/m		200 ng/ml
Cocaine Metabolite	EMIT	300 ng/m		300 ng/ml
Methadone	EMIT	300 ng/m]		300 ng/ml
Opiates	EMIT	300 ng/ml		150 ng/ml
Phencyclidine	EMIT	25 ng/m]		25 ng/ml
Cannabinoid 100	EMIT	100 ng/m]	L HPTLC	50 ng/ml
		ST RESULTS		\
Drug or	Test		ig or	Test
Drug class	Result		class	Result
======================================		Cocaine Me		
Amphetamine	negativ		ecgonine	negative
Methamphetamine	negativ			-
Barbiturates	•	Methador	ne	negative
Amobarbital	negativ	e Opiates		
Butabarbital	negativ			negative
Butalbital	negativ	e Hydromon	cphone	negative
Pentobarbital	negativ	e Morphine	9	negative
Phenobarbital	negativ	e Phencyclic	dine	_
Secobarbital	negativ			negative
Benzodiazepines	_	Cannabinoi	id 100	<del>-</del>
ACB	negativ	e THC Meta	abolite	POSITIVE
MACB	negativ	е		
MMENTS:	*			*******
				* TEST RESULT *
				* POSITIVE *

COC IS DATED 03.03.91

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that scimen.

welts Certified by Ling Lin

3/10/92

1	LABORATORIES, IN.		FED O	PBATION	
	i-A C <sup>*</sup> Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSI	S Spe	Specimen No. 0004930341		
Rest K F	ults Name and Address eith A. Koenning, Chief Prob. ederal Probation Office	Off	oyer's Name and Addre		
	68 Euclid Avenue #605 leveland, OH 44114				
-				620101	
	tion Code:	Spec	al Tests Requested  — T H C	PPLAINTIFF'S  EEXHIBIT  ACCO	
	Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident	Period 04 Medic		Other 06 Specify:	
2	Specimen Type Urine Blood Urine and Blood	· · · · · · · · · · · · · · · · · · ·	ole (Collect only if required in the No	by Client)	
LETES	Specimen Identification (This information will appear only on plies	1,3.)		Date Collected	
COMPLET	Specimen Identification (This information will appear on all copies.	)		Social Security #	
COLLECTOR	Remarks Concerning Collection			Temperature	
поэ	COLLECTOR CERTIFICATION: I certify that the specimen identifies it bears the same identification number as set forth above and that	3	specimen presented to me to de labeled and sealed in action of the labeled and sealed and seale	by the donor providing the certification below, that cordance with the instructions provided.	
DONOR	DONOH CERTIFICATION AND CONSENT: I certify that the specime the specimen container was sealed with a tamperprior seal in my p to the analysis of the specimen accompanying this form by the tabo recorded on this form to the organization and/or individual listed or		Is form is my own and that Information provided on the asse by the laboratory of the One Signature or Initials	provided it to the collector. Further, I certify that is form and on the label is correct. Also, I consent presults of the analysis as well as the information.	
Bai ver on JSE SE	code dically bottle COND SEAL AND DE FOR BLOOD T SAMPLE.			MEN NO. 2004930341  DONOR'S SIGNATURE OR INITIALS  PharmChem Laboratories, Inc.	
	Shipper Airbill #	Date Shipped	Specimen 📂 1	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435	
INS	TRUCTIONS TO COLLECTOR				

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute conies of Chain of Custody form as indicated on each copy.

)5-A O'Brien Drive. Menlo Park, CA, 94025

POSITIVE \*

Date: 03/12/92

)5-A O'Brien Drive, M	enlo Park, C	A, 94025		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:		 004930341
ND TO: TT: Keith A. Koenning, CUSPO .S. Probation Office 10 Lakeside West Ste 400 leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/05/92
ld Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	:	004580624 03/10/92 03/12/92
T	EST METHODS	AND DETECTION LEVE	ELS	
Drug or Drug Class	Ini Method	tial Test CutOff	Confirm Method	nation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
	TE	======================================		
Drug or Drug class	Test Result	Drug Drug cl		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital	negative negative	e Methadone Methadone		negative negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative	e Codeine e Hydromorph e Morphine e Phencyclidin	e	negative negative
Secobarbital Benzodiazepines ACB MACB	negative negative	Cannabinoid THC Metabo	100	negative POSITIVE
DMMENTS:	*			**************************************

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

LABORATORIES, IN.	FED PT PATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929554
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 92MAR 12 668 Euclid Avenue #605 Cleveland, OH 44114  OHN CL	Employer's Name and Address
Collection Site and Address  ABM  Location Code:	Special Tests Requested  THC  IPLAINTIFF'S  IEXHIBIT  BG/8)
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  O4	Periodic Reasonable Other OS Cause O6 Specify:
	lit Sample (Collect only if required by Client)  Yes  No
Specimen Identification (This information will appear only on plice 1.3.)	Date Collected / 3/10/92
Specimen Identification (This information will appear on all copies.)	Social Security #
	279-48-5742 Temperature
Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.
	leffeya. Dragovich.
DONGE CERTIFICATION AND CONSENT: Refiny that the specimen accompanies the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	collector's Sequence  nying this form is my own and that I provided it to the collector. Further, I certify that that the information provided on this form and on the label is correct. Also, I consent the release by the laboratory of the results of the triangles as well as the information  Donor's Signature or initials
Apply Barcode vertically on bottle	PLACE OVER CAP OF SPECIMEN NO. 2004929554 S
BARCODE FOR BLOOD COLLECTOR'S SIGNATURE OR SPLIT SAMPLE.	SPECIMEN DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Shipp	Specimen 1505-A O'Brien Drive
INSTRUCTIONS TO COLLECTOR  Complete all unshaded areas of form.  Affix tamperproof seal and barcode as illustrated.  Ask donor to sign Donor Certification and Consent and initial/sign to Place specimen and laboratory copy of Chain of Custody form in storage until shipped.  Bistribute copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each company to the copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chain of Custody form as indicated on each copies of Chai	nipping container.

BORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025

was a serie of Drive,		A, 94025		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:	======:	 004929554
IND TO: IT: Keith A. Koenning, CUSPO I.S. Probation Office 10 Lakeside West Ste 400 Leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/10/92
ld Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:		004604654 03/13/92 03/18/92
Drug or	TEST METHODS A	AND DETECTION LEA	ELS	03/18/92
Drug Class	Method	CutOff	Confir	mation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC GC GC/MS GC/MS GC/MS	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml
				50 ng/ml
Drug or Drug class	Test	Drug	or .ass	Test
Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Secobarbital Benzodiazepines ACB	negative negative negative negative negative negative negative negative	Benzoylecg Methadone Methadone Opiates Codeine Hydromorphe Morphine Phencyclidine Phencyclidic	onine  one  ine	negative negative negative negative negative negative
MACB	negative	THC Metabol	lite	POSITIVE

MMENTS:

\*\*\*\*\*\*

TEST RESULT \*

POSITIVE \*

\*\*\*\*\*\*

Date: 03/18/92

I certify that the specimen identified by this accession number is the same cimen that bears the specimen identification barcode number set forth above, t the specimen has been examined upon receipt, handled and analyzed in ordance with applicable requirements, and that these results are for that

LABORATORIES, IN	FED PT BATION
CHAIN OF CUSTODY FOR DRUG ANALYSIS  Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office  668 Euclid Avenue #605 Cleveland, OH 44114	Specimen No. 0005155086  Employer's Name and Address Federal Probation  EXHIBIT  Section 1999
Collection Cite and Address	Account No. 100620303
Collection Site and Address  A, bm  Location Code:	Special Tests Requested 5
Reason For Test (Check One)	Periodic Reasonable Z Other
Specimen Type  Urine  Blood  Urine and Blood  Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all coples.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen Identified on this form it bears the same identification number as set forth above and that it has been	A Medical
Apply Barcode vertically on bottle  USE SECOND SEAL AND BARCODE FOR BLOOD  COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2005155086 S  DONOR'S SIGNATURE OR INITIALS

Date Shipped

Ship Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435

## INSTRUCTIONS TO COLLECTOR

OR SPLIT SAMPLE.
Shipper

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

Airbill #

- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

ORATÓRY / DESCRIPTION OF STREET	Menlo Park, C	A, 94025		REPORT
:=====================================	100620303	BARCODE NUMBER:	=======	005155086
ID TO: T: Keith A. Koenning, CUSPO S. Probation Office .0 Lakeside West Ste 400 .eveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	03/24/92	
d Acct. No: FP 62C	· ====	ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:		004688507 03/28/92 03/31/92
•	TEST METHODS	AND DETECTION LEV	ELS	
Drug or Drug Class	Method	CutOff	Method	ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone	EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml	GC/MS GC GC GC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml
Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT	300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC/MS HPTLC	300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
Danie a con		ST RESULTS		
Drug or Drug class	Test Result		lass	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negative negative	Cocaine Meta e Benzoylec	abolite	negative negative
Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative negative	e Codeine e Hydromorph e Morphine		negative negative negative
Secobarbital Benzodiazepines ACB MACB	negative negative negative	e Phencyclic Cannabinoid e THC Metabo	dine 100	negative POSITIVE
DMMENTS:				******
				* TEST RESULT *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

POSITIVE \*

LABORATORI			FED P	RESATION
1505-A O'Brien Drive, Menlo Par CHAIN OF CUSTODY F		YSIS Sp	ecimen No.	0006148361
A. Koenning Aeral Probation 210 Lakeside West Cleveland, OH 441	Office . #400		ployer's Name and	
		Acc	1 0 0	620101
Collection Site and Address	<u> </u>	Spe	cial Tests Requeste	PLAINTIFF'S EXHIBIT B (20)
Reason For Test (Check One)	) Pos	t Perio	dic Rea	sonable Other
Specimen Type	02 Random L 03 Acc	ident U 04 Medi	cal 05 Caus	se 06 Specify:
Specimen Identification (This Infor			s No	Date Collected
Specimen Identification (This infor	mation will appear on all co	pies.)		Social Security # 5742
Remarks Concerning Collection				Temperature
COLLECTOR CERTIFICATION: 1 of the bears the same identification number 1.	pertify that the specimen identifier as set forth above and	ntified on this form is the	specimen presented t	to me by the donor providing the certification below, that it in accordance with the instructions provided.
		1	didy s	dustuling/
DONOR CERTIFICATION AND CO the specimen contained was sealed to the analysis of the specimen act recorded on this form to the organ	NSENT: I certify that the sp I with a tamperproof seal in, companying this form by the zation and/or individual liste	edimen accompanying my presence and that the laboratory and to the red on this form.	tor's Signiflure his form is my own an e information provided ease by the laboratory	d mant provided it to the collegions Further, Lecrity that on this form and on the label is correct. Also, I consent of the results of the analysis as well as the information
pply barcode artically bottle CCOND SEAL AND CCODE FOR BLOOD	DLLECTOR'S SIGNATURE	Covi	SSIGNATURE OF INITIALS  LACE PRICAP OF ECIMEN	
IT SAMPLE.	Airbill #	Date Shipped	Ship	PharmChem Laboratories, Inc.
			Specimen	► 1505-A O'Brien Drive

11

3

- Complete all <u>unshaded</u> areas of form.
   Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

ARMCHEM LABORATORIES

BORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

450555555555555555555				
CCOUNT NUMBER:	100620101	BARCODE NUMBER:	========	 0006148361
ATT: Keith A. Koenning	, CUSPO	SPECIMEN ID: SPECIMEN ID:		
U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN DATE: TEST TYPE: LOCATION CODE:		02/17/93
			•	
Old Acct. No: FP 62A	ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:	:	920548498 02/25/93 03/01/93	
·	EST METHOÚS	AND DETECTION LEV	=======: pt c	
Drug or Drug Class		tial Test  CutOff		nation Test CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite Methadone	EMIT	300 ng/ml	GC	300 ng/ml
	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300  ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
	TES	ST RESULTS		
Drug or Drug Class/	Test	Drug or Drug (	lass/	Test
Analyte	Result	Analyte		Result
Amphetamines		Cocaine Meta	bolite	
Amphetamine	negative			negative
Methamphetamine	negative	Methadone	,	negative
Barbiturates		Methadone		negative
Amobarbital	negative	Opiates		negative
Butabarbital	negative	Codeine		negative
Butalbital	negative	Hydromorph	one	negative
Pentobarbital	negative	Morphine		negative
Phenobarbital	negative		e	
Secobarbital	negative	- 110110 , 0110	ine	negative
Benzodiazepines ACB		Cannabinoid	100	
MACB	negative negative		lite	POSITIVE
SPECIMEN SEAL INTACT.	**			******
COMMENTS				
COMMENTS:				* TEST RESULT *  * POSITIVE *
•				LOSITIVE *

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that

esults Certified by: CHRISTIN CONNOLLY

Date: 03/01/93

LABORATORIES, INC.	FED PR SATION
05-A O'Brien Drive, Menlo Park, CA 94025 HAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0006148376
==s Name and Address	Employer's Name and Address
eith A. Koenning, CUSPO ederal Probation Office 10 Lakeside West, #400 leveland, OH 44113	Federal Probation
	Account No. 1 0 0 6 2 0 1 0 1
ollection Site and Address	Special Tests Requested
t-2  ocation Code:	PLAINTIFF'S EXHIBIT
Reason For Test (Check One) Post	Periodic Reasonable Other  O4 Medical 05 Cause 06 Specify:
Ul Preemployment Labertains 2 contains	Split Sample (Collect onty if required by Client)
Specimen Type    Blood   Urine and Blood	Date Collected  03-05-93  Social Security #
Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection	279-68-5742 Temperature
OLLECTOR CERTIFICATION: I certify that the specimen identified on this at bears the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set forth above and that it has been set to the same identification number as set for the same i	s form is the specimen presented to me by the donor providing the certification below, that been collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature
OLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has to	This Schalling
DONOR BEHALFICATION AND CONSENT: I certify that the specimen according to the specimen container was sealed with a tamperproof seal if my present to the analysis of the specimen accompanying this form by the above to the precipital according to the organization and/or individual listed on this form.	Collector's Signature companying this form is my own and that I provided it to the collector a Further I certify that e and that they information provided on this form and on the label is corrected as all the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the laberatory of the laberatory of the analysis as well as the laberatory of the analysis as well as the laberatory of the laberatory of the analysis as well as the laberatory of the analysis as well as the laberatory of the laberatory of the analysis as well as the laberatory of the laberatory of the laber
DONOR BEHTIFICATION AND CONSENT: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has been also as the same identification number as set forth above and that it has been as set	Collector's Signature companying this form is my own and that I provided it to the collector a Further I certify that e and that they information provided on this form and on the label is corrected as all the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the release by the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the information of the laberatory of the results of the analysis as well as the laberatory of the laberatory of the analysis as well as the laberatory of the laberatory of the
Apply  Barcode vertically on bottle  E SECOND SEAL AND ROODE SEAL AND ROODE FOR BLOOD SPLIT SAMPLE.  COLLECTOR'S SIGNATURE  COLLECTOR'S SIGNATURE	Collector's Signature  Conjugation of the special state of the collector of Further 1 certify that a conjugation of the label is conjected also it proposed and to the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information or the repeated by the label of the results of the analysis at well as the information of the repeated by the label of the results of the analysis at well as the information of the repeated by the label of the results of the analysis at well as the results of the analysis at well as the results of the analysis at well as the results of the re

• Complete all unshaded areas of form.

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• Affix tamperproof seal and barcode as illustrated.

• Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

Place specimen and laboratory copy of Chain of Custody form in shipping container.

• Keep specimen in secure storage until shipped.

CHEM LABORATORIES, INC.

y5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

/ CCOUNT NUMBER:	100620101	BARCODE NUMBER:		0006148376
ESULTS TO:		SPECIMEN ID:		
ATT: Keith A. Koenning	CUSPO	SPECIMEN ID:		
U.S. Probation Office		SPECIMEN DATE:		03/05/93
310 Lakeside West Ste	100	TEST TYPE:		03/03/33
Cleveland, OH 44113		LOCATION CODE:		
•		ACCESSION NUMBER:	•	930046816
		DATE RECEIVED:		03/15/93
Old Acct. No: FP 62A		DATE REPORTED:		03/19/93
7		AND DETECTION LEVE	LS	
Drug or		tial Test	Confir	mation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml		300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml		25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
		ST RESULTS		· ·
Drug or Drug Class/	Test	Drug or Drug C	lass/	Test
Analyte	Result	Analyte		Result
Amphetamines		Cocaine Meta		
Amphetamine	negative			negative
Methamphetamine	negative			negacive
Barbiturates		Methadone		negative
Amobarbital	negative			noguetive
Butabarbital	negative			negative
Butalbital	negative		one	- negative
Pentobarbital	negative	Morphine		negative
Phenobarbital	negative	Phencyclidine	9	
Secobarbital	negative			negative
Benzodiazepines		Cannabinoid		negueive
ACB	negative			POSITIVE
MACB	negative			10011141
SPECIMEN SEAL INTACT.	•			*******
				* TEST RESULT *
COMMENTS:				* POSITIVE *
-				FUSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/19/93

	Page 1	FED	PP	BATIC	NC	
LABORATORIES, INC.		O Luca No	0074	35580	.9	
AIN OF CUSTODY FOR DRUG ANA		Specimen No	). UUI 7	133300	SR	EPC
	U : PR	BATION		THE SAME STATE OF	Anna Amerika sa sa sa sa	fri.
Keith A Koenning, CUSPO Federal Probation Office		Federal	Probatio	วก	000	7435
310 Lakeside West, #400	93 APR 2	P12: 2U	· m			
Cleveland, OH 44113		Account No. 2 (2.8)	1006	20101		Barrier B
TO TARROW HAS THE STATE OF A TO	OHN CLE	A SEE				
leveland, CH (1)	-	UCAFION CO	DE:		AINTIFF'S XHIBIT	
·	3	1.30		R	(2)	2.2
The State of the S		APE REPORT	1984 1887 -	AD COL	**********	
Maraman and a maraman and a second second		4.554	a description of		1 345°4	
	7 - 1 The 12 - 1 - 10 - 10 - 10 - 10 - 10 - 10 -	(te	* 1. *			-
Reason For Test (Check One)  01 Preemployment © 02 Random 03	Post 04	Periodic Medical 05	Reasonable 5 Cause	Other 06 Specify:		
Specimen Type	17.74	it Sample (Collect only	y if required by Cli	ent)		
		72 BF 22 - 2	1:	Date Collected		
DAVID LATOR	NEED -		* * /	Social Security #		_
(This information will appear on all copies.)	1. 18 11.				<i>ፙ-</i> \$7५೭	
Remarks Concerning Collection	thi			Temperature		
and med !		1.				
polysis charager flox, and cooksens is said, a carrily that his specimen container was sealed with correct. Aso, a consent to the analysis of the speciments	a impero col sea un-	Collector's Signature companying this formula my press of single and companying this formula my press of single and my press of single an	The second of th	at in provided (if to a) provided on this dor as hey the Japorator	ne collector (fairth in endron the ret y of the results o	ner (let) Jeffis It he
Apply Barcode Pertically on bottle  SECOND SEAL AND CODE FOR BLOOD	} • a.	ફ્રમ્	, e			, , i
PLIT SAMPLE.  Person Shipping Airbill #	Date Shi	pped S	Ship Pha	rmChem Laborate	ories, Inc.	
THE PARTY OF THE P		Conneil		5-A O'Brien Drive	;	
	3/5	Specin	To Mei	nio Park, CA 9402	25-1435	
O.	7/5/	c3 Specific		nio Park, CA 9402	25-1435	
COTRUCTIONS TO COLLECTOR	त्रीद	c3 Specific		nio Park, CA 9402	25-1435	
COTRUCTIONS TO COLLECTOR  Complete all <u>unshaded</u> areas of form.  Affix tamperproof seal and barcode as illustrated.	ted.	c3	To Me	nio Park, CA 9402	25-1435	
۵.	ted. sent and initial/sign	tamperproof seal.	To Mer	nio Park, CA 9402	25-1435	PLY 1

MCHEM LABORATORIES, IN

05-A O'Brien Drive, M	Menlo Park, C	A, 94025		REPORT ABM
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:		0007435580
RESULTS TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/09/93
Old Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		930049597 03/16/93 03/19/93
		AND DETECTION LEVE		
Drug or		tial Test		mation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine Cannabinoid 100	EMIT	25 ng/ml	GC/MS	25 ng/ml
camadinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
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Barbiturates	negative			
Amobarbital	negative	Methadone Opiates		negative
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Butalbital	negative		220	negative
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Phenobarbital	negative			negative
Secobarbital	negative			negative
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ACB MACB	negative negative	THC Metabol		POSITIVE
SPECIMEN SEAL INTACT.	*·			
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COMMENTS:				* TEST RESULT *
_				* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/19/93

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MCHEM LABORATORIES, INC.

05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

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ACCOUNT NUMBER:	100620101	BARCODE NUMBER:		 0007435587
RESULTS TO:				300, 13330,
ATT: Keith A. Koenning	CHCDO	SPECIMEN ID:		
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Cleveland, OH 44113	400	TEST TYPE:		
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•		ACCESSION NUMBER		930071137
Old Acct. No: FP 62A		DATE RECEIVED:		03/20/93
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_	TEST METHODS	AND DETECTION LEV	======= ELS	
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Drug Class	Method	CutOff	Method	CutOff
Amphetamines			========	-=====================================
Barbiturates	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	200 ng/ml	GC	200 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC	300 ng/ml
Phencyclidine	EMIT	300  ng/ml	GC/MS	150 ng/ml
Cannabinoid 100	EMIT	25 ng/ml	GC/MS	25 ng/ml
=======================================	EMIT	100 ng/ml	HPTLC	50 ng/ml
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Drug or Drug Class/	Test	Drug or Drug (	Class/	Test
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Amphetamines		Cocaine Meta	:======:: :bol:+o	
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Butabarbital	negative	Codeine		mogratica
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Pentobarbital	negative	Morphine	.0110	negative
Phenobarbital	negative	Phencyclidin	e	negacive
Secobarbital	negative	Phencyclid		negative
Benzodiazepines		Cannabinoid	100	negative
ACB	negative	THC Metabo	lite	POSITIVE
MACB	negative			POSITIVE
SPECIMEN SEAL INTACT.				
				*******
COMMENTS:				* TEST RESULT *  * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in specimen.

esults Certified by: STEPHEN HOLTZCLAW

Date: 03/26/93

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#### RUCTIONS TO COLLECTOR

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as Indicated on each copy.
   SEND TO MEDICAL REVIEW OFFICER, IF APPLICABLE

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COUNT NUMBER:	100620101 BAR	CODE NUMBER:		00071333-3
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Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC (ass	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
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Analyte	Result	Analyte		Result
Amphetamines		Cocaine Met	abolite	
Amphetamine	negative	Benzoylec		negative
Methamphetamine	negative	Methadone		
Barbiturates		Methadone		negative
Amobarbital	negative	Opiates		
Butabarbital	negative	Codeine		negative
Butalbital	negative	Hydromorp	hone	negative
Pentobarbital	negative	Morphine		negative
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Secobarbital	negative	Phencycli		negative
Benzodiazepines	-	Cannabinoid		20072
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I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

COMMENTS:

Date: 04/14/93

POSITIVE \*

	DISTRICT COURT FOR THE ISTRICT OF OKLAHOMA
UNITED STATES OF AMERICA,  Plaintiff,  vs.	JUL 1 1992    Sichard M. Lawrence, Clerk   S. DISTRICT COURT   NORTHERN DISTRICT OF OKLAHOMA
DAVID ROYCE LADD,	)
Defendant.	) ) No. 89-CR-83-05-E
	ODDED

Whereas, on this 16th day of June, 1992, the above styled matter comes on for hearing before me the undersigned judge on the petition and amended petition filed by the U.S. Probation Office to revoke the probation of the above defendant, David Royce Ladd.

Defendant present in open court represented by John E. Dowdell, Attorney at Law; the government represented by Jack Morgan, Assistant United States Attorney.

The government presents the testimony of Mr. Scott Kallenberger, U.S. Probation Officer, and rests; thereafter the defendant calls Dr. Samuel J. Sherman, Clinical Psychologist, to testify, and both sides rest.

The Court hears argument of counsel and being well and truly advised in the premises,

It Is Ordered, that as a condition of probation, the defendant immediately enter and successfully participate in the drug treatment program at the Freedom House, 245 West 12th Street, Tulsa, Oklahoma, for a term not to exceed nine months, or upon recommendation for discharge by the program director and the U.S. Probation Office.

It Is Further Ordered that the defendant shall participate in the most confrontational program offered at this facility. Employment is permitted upon verification and approval by the program director and the U.S. Probation Office. Weekend passes shall be authorized only by the U.S. Probation Office.

IT IS SO ORDERED.

JAMES O. ELLISON, Chief United States District Judge

APPROVED AS TO FORM;

John E. Dowdell, ESQ. Attorney for Defendant

John S. Morgan

Assistant United States Attorney

JSM:lks

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

JUN 15 1992

Richard M. Lawrence, U. S. DISTRICT COU NORTHERN DISTRICT OF OKLAN	
PISTRICT OF DICEA	TUMA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

DAVID ROYSE LADD,

Defendant.

# DEFENDANT'S MEMORANDUM IN OPPOSITION TO REVOCATION OF PROBATION

I.

### Introduction

David Ladd was charged, in a one-count indictment, with conspiracy to manufacture, to possess with intent to distribute and to distribute methamphetamine, in violation of 21 U.S.C. §§ 846, 841(a)(1) and 853. Pursuant to a written plea agreement, Ladd ultimately entered a plea of guilty. Under that plea agreement the government agreed to advise the Court that Ladd had made a good faith effort to provide substantial assistance, if he in fact did so, thereby allowing the Court to depart downward from the sentencing guidelines. On May 10, 1990, the government filed a substantial assistance motion. In view of the § 5K1.1 motion, and "in light of all of the circumstances of this case," the Court departed from the sentencing guidelines downward and sentenced Ladd to probation for a period of five (5) years. (Transcript of Sentencing, p. 12).

On March 9, 1992, the United States Probation Department filed its "Petition on Probation" seeking action of the Court for Ladd's

alleged "abuse [of] marijuana." On April 20, 1992, the Probation Department amended its Petition based upon additional alleged "evidence of illicit drug use" occurring after the filing of the initial Petition.

II.

# Standards Applicable to Revocation of Probation

Because the probation program is of such value to the federal criminal justice system, the decision to revoke should not be undertaken lightly. United States v. Reed, 573 F.2d 1020, 1024 (8th Cir. 1978). A decision concerning probation revocation must be made with regard to two central concerns — the successful rehabilitation of the probationer and the safety of the community. United States v. Dane, 570 F.2d 840, 845 (9th Cir. 1977), cert. denied, 436 U.S. 959, 98 S.Ct. 3075 (1978). This requires the court to make predictions about the defendant's future behavior. Thus, if the court feels that the defendant cannot be counted on to avoid antisocial activity, probation may be revoked. Reed, supra, 573 F.2d at 1024.

Probation should not automatically be revoked upon a showing or admission by the defendant that a condition of probation has been violated. United States v. Segal, 549 F.2d 1293, 1298 (9th Cir. 1977). The entire situation must be considered so that society's interests are best met by the court's eventual action. Sailer v. Gunn, 387 F.Supp. 1367, 1374 (C.D. Cal. 1974); see also Morrissey v. Brewer, 408 U.S. 471, 484-488, 92 S.Ct. 2593, 2602-

2603 (1972). This is done by considering both the reasons underlying the original imposition of the conditions and the reasons leading to probationer's failure to comply with such conditions. Genet v. United States, 375 F.2d 960, 962 (10th Cir. 1967).

The Supreme Court has emphasized that in the administration of the probation statute the trial judge has "an exceptional degree of flexibility in determining whether to revoke probation." United States v. Torrez-Flores, 624 F.2d 776, 784 (7th Cir. 1980), citing Burns v. United States, 287 U.S. 216, 220, 53 S.Ct. 154, 155-56 In Genet, supra, the Tenth Circuit recognized that the power to revoke probation upon a finding of failure to comply with probation conditions lies solely within the discretion of the sentencing judge. 375 F.2d at 961-62. The court is given broad discretion in probation revocation proceedings so that each case can be individualized and given careful, humane, and comprehensive consideration in light of each offender's particular situation. Burns, supra, 287 U.S. at 200, 53 S.Ct. at 155-56. If the district court wishes to give the defendant a second chance on probation, it may exercise its discretion under 18 U.S.C. § 3565(a) and refuse revocation. See United States v. Martin, 786 F.2d 974, 976 n. 2 (10th Cir. 1986).

The statutory provision specifically at issue in these proceedings is the following excerpt from 18 U.S.C. § 3565(a):

Notwithstanding any other provision of this section, if a defendant is found by the court

to be in possession of a controlled substance, thereby violating the condition imposed by section 3563(a)(3), the court shall revoke the sentence of probation and sentence the defendant to not less than one-third of the original sentence.

The Commission leaves to the court the determination of whether evidence of drug usage established solely by laboratory analysis constitutes possession as set forth in 18 U.S.C. §§ 3565(a) and 3583(g)."

(Emphasis added). Though many courts have concluded that evidence of prior drug use can be considered as circumstantial evidence of "possession" within the meaning of §§ 3565(a) and 3583(g), see e.g. United States v. Blackston, 940 F.2d 877, 878-91 (3rd Cir. 1991); and United States v. Ramos-Santiago, 925 F.2d 15 (1st Cir. 1991), others have recognized that such circumstantial evidence merely tends to establish prior possession. See e.g. Blackston, supra, 940 F.2d at 891; State v. Flinchpaugh, 659 P.2d 208, 212 (Kan. 1983) (evidence of controlled substance in defendant's blood did not establish possession); State v. Hornaday, 713 P.2d 71, 75 (Wash. S.Ct. 1986) (once narcotic is injected into defendant's vein or swallowed orally, it is no longer in the control of the individual for purposes of "possession," but evidence of narcotics can be used circumstantially to show prior possession).

The California Court of Appeals has rejected the theory that "possession" can be established by circumstantial evidence of the defendant's use of a controlled substance. See People v. Spann, 187 Cal.App.3d 400, 406, 232 Cal.Rptr. 30, 34 (1986) ("Were we to accept evidence of recent past possession of narcotics as equivalent to proof of present possession of narcotics, then we could charge every addict who was currently hot with possession of a narcotic, since he must have had possession of the narcotic in the recent past in order to come under its influence.").

An issue exists as to what constitutes "possession" under this statute. In *United States v. Baclaan*, 948 F.2d 628 (9th Cir. 1991), the court recognized that neither § 3565(a) nor Congress clearly defined "possession." *Id.* at 630. However, Application Note 5 to § 7B1.4 of the sentencing guidelines provides:

# Circumstances Warranting Denial of the Revocation of Probation Petition.

Due process requires the defendant be given the opportunity to show that mitigating circumstances suggest the violations do not warrant revocation. United States v. Ferguson, 624 F.2d 81, 83 (9th Cir. 1980); Segal, supra, 549 F.2d at 1298; see Morissey, supra, 408 U.S. at 488, 92 S.Ct. at 2603. One of the most frequently cited mitigating factors is good faith. In Genet, supra, the Tenth Circuit held that "under many circumstances the good faith, or its lack, of the probationer's attempt to comply with the compulsions of the trial court's order will test the justness of an order of revocation." Id., 375 F.2d at 962. Hence, if the court feels that defendant made a good faith effort to comply with probation conditions, a petition to revoke probation may properly be denied. Good faith is not a controlling factor, however, but only one of many factors the court should consider in determining whether to revoke probation. Id.; United States v. McLeod, 608 F.2d 1076, 1078 (5th Cir. 1979).

In Bearden v. Georgia, 461 U.S. 660, 103 S.Ct. 2064 (1983), the Supreme Court considered an additional mitigating circumstance—lack of fault. Bearden was released on probation with a condition being that he pay restitution to the people he had burglarized. Id., 461 U.S. at 660, 103 S.Ct. at 2066. After making one payment, Bearden was laid off from his job and was unable to make the remaining payments of restitution. Proceedings

were instituted to revoke probation. The state trial court granted revocation and the Georgia Court of Appeals affirmed the decision. The United States Supreme Court remanded the case to the trial court finding Bearden's lack of fault in his probation violation was a mitigating circumstance which should have been considered at the revocation hearing. *Id.*, 461 U.S. at 669, 103 S.Ct. at 2070. The Supreme Court held:

"If the probationer has made all reasonable efforts to pay the fine or restitution, and yet cannot do so through no fault of his own, it is fundamentally unfair to revoke probation automatically without considering whether adequate alternative methods of punishing the defendant are available. This lack of fault provides a substantial reason which justifies or mitigates the violation and makes revocation inappropriate."

461 U.S. at 668, 103 S.Ct. at 2070 (emphasis added).

### Conclusion

The defendant will establish at the hearing on the Probation Department's Petition seeking to revoke his probation that he is no danger to the community. The question to be answered is whether the defendant can be rehabilitated. David Ladd is not a "hardened" offender, and the defendant submits that the ends of justice will be served most effectively by denying the Petition. The focus of our efforts should be on helping David Ladd, not giving up on him.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103 (918) 583-7571

Attorney for Defendant, David Royse Ladd

# CERTIFICATE OF MAILING

I hereby certify that on this 15th day of June, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Scott Kallenberger United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, Oklahoma 74101

by depositing said copy in the United States Mail, with proper postage thereon prepaid.

6bh E. Dowdell

# IN THE UNITED STATES DISTRICT COURT R I L B D

UNITED STATES OF AMERICA,	MAY 1 1 1992
Plaintiff,	Michard M. Lawrence, Clerk U. S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA
vs.	No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.	

## ORDER

- ...., 1552.

JAMES O. ELLISON, CHIEF JUDGE

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# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,	1887 -7 1892
Plaintiff,	TO IN S. M. I ATRENCE
vs.	) No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.	)

# UNOPPOSED APPLICATION TO RESCHEDULE HEARING

The defendant, David Royse Ladd, by and through his counsel of record, John E. Dowdell, hereby respectfully requests that the Court reschedule the hearing on the United States Probation Department's application for revocation of parole. The hearing is currently set for May 15 at 10:00 a.m. In support of this Application, the defendant states:

- 1. By order entered May 5, 1992, the Court rescheduled the hearing on the Probation Department's application for revocation of parole from May 13 to May 15. The newly scheduled date creates conflicts for both the Assistant United States Attorney and defense counsel. Specifically, the Assistant United States Attorney, John S. Morgan, is committed to be in Manhattan, Kansas, at his daughter's graduation from Kansas State University on May 15. Likewise, the undersigned, pursuant to a long-standing commitment, will be in Edinburgh, Scotland, on other business.
- 2. Counsel has consulted with Mr. Morgan and with Scott Kallenberger of the United States Probation Department, neither of whom object to the requested rescheduling.

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- 3. The defendant, who resides in Canton, Ohio, requests that the hearing be rescheduled for a time at least three (3) weeks beyond May 15.
- 4. In addition to defense counsel's scheduling conflicts, defendant's counsel has arranged for a comprehensive psychological evaluation of the defendant. The defendant submits that the results of this evaluation may be relevant to the Court's resolution of the issues presented by the petition to revoke Mr. Ladd's parole.
- 5. So that, if appropriate, the psychologist evaluating Mr. Ladd may testify, a local psychologist has been engaged to evaluate the defendant.\* Mr. Ladd is currently scheduled to meet with the psychologist on the afternoon of May 12. The psychologist has indicated to the undersigned that it may be necessary to continue his session with the defendant on May 13, and that additional time will be required to analyze the information gathered during these sessions.

WHEREFORE, the defendant, David Royse Ladd, hereby respectfully seeks to reschedule the May 15, 1992, hearing on the Probation Department's application to revoke parole, for a period of at least 21 days, in order to accommodate completion of an expert evaluation and to avoid scheduling conflicts.

<sup>\*</sup> Concurrent with the filing of this application, the defendant has filed an appropriate form under the Criminal Justice Act seeking authorization from the Court for the referenced expert psychological assistance.

Respectfully submitted,

John/E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant, David Royse Ladd

# CERTIFICATE OF MAILING

I hereby certify that on this 7th day of May, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Scott Kallenberger United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, Oklahoma 74101

by depositing said copy in the United States Mail, with proper postage thereon prepaid.

John E. Dowdell

FILED

PROB 12 (Rev. 3/88)

APR 2 0 1992

Richard M. Lawrence, Clerk U. S. DISTRICT COURT MORTHER DISTRICT OF OTLAHOMA

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

U.S.A. vs. David Royce Ladd DOCKET NO. 89-CR-083-005-E

# AMENDED PETITION ON PROBATION AND SUPERVISED RELEASE

COMES NOW \_\_Scott Kallenberger PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of \_\_David Royce Ladd \_\_who was placed on supervision by the Honorable \_\_James O. Ellison \_\_\_sitting in the court at Tulsa, Oklahoma, on the \_\_15th day of \_\_May , 1988, who fixed the period of supervision at \_\_five years probationary sentence, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

That the defendant reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, until discharged by the director.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

On March 6, 1992, the Court considered and ordered the issuance of a Summons for Ladd to appear before the Court to show cause why his probation should not be revoked based on positive urine test results for marijuana occurring in January and early February, 1992.

Based on evidence of illicit drug use on the part of the probationer both prior to, and since the presentation of evidence causing the aforementioned Petition, said Petition on Probation Action is amended as set forth in Attachment hereto and herein incorporated by reference.



# ATTACHMENT

The defendant has violated the following condition of probation:

RULE NO. 8 OF STANDARD CONDITIONS OF SUPERVISION: "THE DEFENDANT SHALL REFRAIN FROM EXCESSIVE USE OF ALCOHOL AND SHALL NOT PURCHASE, POSSESS, USE, DISTRIBUTE, OR ADMINISTER ANY NARCOTIC OR OTHER CONTROLLED SUBSTANCE, OR ANY PARAPHERNALIA RELATED TO SUCH SUBSTANCE, EXCEPT AS PRESCRIBED BY A PHYSICIAN."

David Royce Ladd presented urine samples on December 3, 1991, December 6, 1991, December 13, 1991, December 20, 1991, December 27, 1991, December 31, 1991, January 3, 1992, January 10, 1992, January 13, 1992, January 17, 1992, January 21, 1992, January 24, 1992, February 7, 1992, February 14, 1992, February 21, 1992, March 3, 1992, March 5, 1992, March 10, 1992, and March 24, 1992, all of which tested positive for the presence of marijuana. All told, Ladd has submitted nineteen urine samples which tested positive for a Schedule I Controlled drug.

This Petition is base on the following facts:

Attached hereto as Exhibit A and incorporated by reference is a true copy of the Conditions of Probation which were read and reviewed by this officer and provided to the defendant on May 15, 1990. This document is signed by Ladd acknowledging that he has been provided, and fully understood, the Conditions of Probation.

On July 17, 1990, supervision of Ladd was transferred to the U. S. Probation Office, Northern District of Ohio, Cleveland, Ohio.

On May 31, 1991, the probation office for the Northern District of Ohio submitted a Violation Report alleging that on March 16, 1991, Ladd submitted a positive urine sample for Benzodiazepines, and on April 22, 1991, the probationer submitted another positive urine sample, this time for Cocaine and Morphine. Based on these positive tests results, the probation office for the Northern District of Ohio recommended modifications of the Conditions of Probation. On May 30, 1991, Ladd waived his right to a hearing on these alleged violations of probation, and agreed to modifications of his Conditions of Probation, to include a condition that he reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, and that he participate in mental health counseling. On June 12, 1991, U. S. District Court Judge James O. Ellison executed the Petition on Probation Action amending the defendant's Conditions of Probation to include the aforementioned special conditions.

As directed by the probation office for the Northern District of Ohio, Ladd entered into a medical detoxification program at Glenbeigh Hospital from August 6, 1991, until August 9, 1991. On August 9, 1991, Ladd voluntarily entered a ninety day residential drug treatment program at Donofrio House. He was successfully discharged from this program on November 1, 1991.

On January 16, 1992, the probation office for the Northern District of Ohio presented a Violation Report concerning Ladd to the probation office for the Northern District of Oklahoma. This report outlined six positive urine tests in December 1991, and one positive urine test in January 1992, all for the presence of marijuana. No action was recommended based on the placement of Ladd into Phase I counseling, the most intensive level of counseling with Associates in Behavior Management, Incorporated.

On February 19, 1992, prior to advising the Court of the violations as set out in the report dated January 16, 1992, the probation office for the Northern District of Ohio submitted a third Violation Report alleging further illicit drug use on the part of the defendant. Based on the defendant's continued drug use, the probation office in Ohio withdrew its earlier recommendation for no action, and recommended that Ladd be called to appear before the Court to show cause why his probation should not be revoked. This violation report was the basis for the Petition on Probation Action executed by the Court on March 6, 1992.

Since presentation of evidence dated February 19, 1992, outlining illicit drug use on the part of the defendant, additional positive urine tests have been submitted by Ladd, and are the basis for this Amended Petition.

Attached hereto as Exhibit B(1) through (19) and incorporated by reference are true and correct copies of PharmChem Laboratories, Incorporated, Chain of Custody for Drug Analysis forms and Tests Results forms evidencing the nineteen positive urine samples as alleged.

Attached hereto as Exhibit C and incorporated by reference is a true and correct copy of the "Monthly Urinalysis Log" concerning David Royce Ladd. This log evidences negative urinalysis results occurring on February 11, 1992, February 25, 1992, February 28, 1992, March 6, 1992, and March 13, 1992. Each of the aforementioned urine samples were tested for the presence of Cannabinoids.

PRAYING THAT THE COURT WILL ORDER that the Petition on Probation Action concerning the conduct of David Royce Ladd filed in open Court on March 9, 1992, be amended to include additional allegations of illicit drug use as described in the Attachment to this Petition. The defendant has been summoned to appear in U. S. District Court for the Northern District of Oklahoma on April 14, 1992, at 1:00 p.m.

ORDER OF COURT

Considered and ordered this // day of \_\_April \_\_\_\_ 1992 and ordered filed and made a part of the records in the above case.

o. Ellison, Chief

James U. S/ District Judge Respectfully,

Scott Kallenberger, Senior U.S. Probation Officer

Place Tulsa, Oklahoma

Date <u>April 7, 1992</u>

PROB 7A (Rev. 10/89) ⊕

### Conditions of Probation and Supervised Release

# S. PROLATION OFFICE DIST OF OKLA. UNITED STATES DISTRICT COURT NO FOR THE

EXHIBIT

NORTHERN DISTRICT OF OKLAHOMA

Name David Royse Ladd	Docket No. 89-CR-083-05-E
2100 Harrisburg Road Address Canton, Ohio 44721	
Under the terms of your sentence, you have been placed	on probation/superwisedenchase (strike one) by the
Honorable James O. Ellison	, United States District Judge for the District of
Northern/OK (Tulsa) . Your term of supervision is for	or a period of <u>Five (5) Years</u> ,
commencing May 15, 1990	
While on probation/supervised release (strike one), you shand shall not illegally possess a controlled substance. Revocation possession of a controlled substance.	iall not commit another Federal, state, or local crime a of probation and supervised release is mandatory for
CHECK IF APPROPRIATE:	
As a condition of supervision, you are instructed to pay a fine it shall be paid in the following manner	e in the amount of;
As a condition of supervision, you are instructed to pay a; it shall be paid in the following ma	restitution in the amount of to
The defendant shall not possess a firearm or destructive defirearm.	evice. Probation must be revoked for possesion of a
The defendant shall report in person to the probation office in 72 hours of release from the custody of the Bureau of Priso	
☐ The defendant shall report in person to the probation office in the custody of the Bureau of Prisons.	n the district of release within 72 hours of release from
It is the order of the Court that you shall comply with the	following standard conditions:

- You shall not leave the judicial district without permission of the court or probation officer; (1)
- (2) You shall report to the probation officer as directed by the court or probation officer, and shall submit a truthful and complete written report within the first five days of each month;
- You shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation (3) officer;

- (4) You shall support your dependents and meet other family responsibilities;
- (5) You shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
  - (6) You shall notify the probation officer within seventy-two hours of any change in residence or employment;
- (7) You shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician; You shall submit to urinalysis as directed by the U. S. Probation Office.
- (8) You shall not frequent places where controlled substances are illegally sold, used, distributed, or administered:
- (9) You shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
- (10) You shall permit a probation officer to visit you at any time at home or elsewhere, and shall permit confiscation of any contraband observed in plain view by the probation officer;
- (11) You shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- (12) You shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- (13) As directed by the probation officer, you shall notify third parties of risks that may be occasioned by your criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm your compliance with such notification requirement.

#### The special conditions ordered by the court are as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

Upon a finding of a violation of probation or supervised release, I understand that the Court may (1) revoke supervision or (2) extend the term of supervision and/or modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions, and have been provided a copy of them.

U.S. Probation Officer/Designated Witness

LABORATORIES, INC.	FED P' BATION
505-A O'Brien Drive, Menio Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004629571
Secults Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #6050 6 P1:43 Cleveland, OH 44114	Employer's Name and Address  Federal Probation  Account No. 100620303
Dilection Site and Address	Special Tests Requested
ABM Socation Code:	PLAINTIFF'S EXHIBIT  B(1)
	Periodic Reasonable Other Medical 05 Cause 06 Specify:
Urine Blood Lirine and Blood	it Sample (Collect only if required by Client)  Yes  No
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been of	Date Collected  12/3/91  Social Security #  279-68-5742  Temperature
	is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.  Collector's bignature
to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	nying this form is my own and that I provided it to the collector. Further, I certify that that the information provided on this form and on the label is correct. Also, I consent the labels by the laboratory of the results of the analysis as well as the information Donors Signature or Initials
Apply > 3	629571 <b>S</b> 0
Apply Sarcode vertically on bottle  SECOND SEAL AND COLLECTOR'S SIGNATURE  COLLECTOR'S SIGNATURE  PLIT SAMPLE.	OVER CAP OF SPECIMEN  SPECIMEN  SPECIMEN  DONOR'S SIGNATURE OR INITIALS
Shipper   Airbill #   Date Shipper   Z   3	Specimen 1505-A O'Brien Drive
NSTRUCTIONS TO COLLECTOR Complete all <u>unshaded</u> areas of form. Affix tamperproof seal and barcode as illustrated. Ask deports sign Depart Continues and Consent and initial laign to	

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL DEVIEW OFFICED IF ADDITIONALE

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER:

100620303 BARCODE NUMBER:

00462957:

SEND TO:

SPECIMEN ID:

ATT: Keith A. Koenning

SPECIMEN ID:

Federal Probation Office

SPECIMEN DATE:

12/03/9:

668 Euclid Ave., Rm. 605

Cleveland, OH 44114

TEST TYPE:

LOCATION CODE:

ACCESSION NUMBER:

004063530

DATE RECEIVED:

12/07/9:

Old Acct. No: FP 62C

DATE REPORTED:

12/10/9:

#### TEST METHODS AND DETECTION LEVELS

Drug or	Initia	al Test	Confirmat	ion Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

### TEST RESULTS

Test Drug or Test Drug or

Drug Class	Result		NCBUIL
Amphetamines	=========	Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		
DMMENTS:			******
			* TEST RESULT
			* POSITIVE

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON Date: 12/10/91

Drug class

Result

Drug class

Result

\*\*\*\*\*\*

303-A O'Brien Drive.	PRATORIES, INC. Menio Park, CA 94025			BATION
PSUIts Name and Add	TODY FOR DRUG AN	2.0		0004629574
Keith A. Ko Federal Pro	enning, Chief Pr bation Office	Employer's	Name and Addre	SS
668 Euclid Cleveland,	A	. 300 : 20	al Probat:	ion
lection Site and Addi	ress	Account No	10063	20303
ABM	7/1	Special Test	ts Requested	
,	. 2 4	THE		PLAINTIFF'S EXHIBIT  B(2)
ation Code:				<u> </u>
Reason For Test (Che				
O1 Preemployment	02 Random 03	Post Periodic Accident 04 Medical	Reasonable 05 Cause	Other
Urine	☐ Blood ☐ Urine	Split Sample (Collect	ct only if required by	I D6 Spooifer
Specimen Identification	(This information will appear only o	and Blood Yes	NO	
1 11 (1/ 1				Date Collected
	(This information will appear on all	copies.)		Social Security #
Remarks Concerning Co	ollection			279-68-574
				Temperature 7
COLLECTOR CERTIFIC	ATION: I comit the au			
COLLECTOR CERTIFIC it bears the same identif	ATION: I certify that the specimen id ication number as set forth above ar	entified on this form is the specimen p	presented to me by the	De donor providing the analysis
COLLECTOR CERTIFIC it bears the same identif	ATION: I certify that the specimen id ication number as set forth above at	entified on this form is the specimen p nd that it has been collected, labeled a	presented to me by the and sealed in accord	ne donor providing the certification below, tance with the instructions provided.
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PHARMCHEM LABORATORIES, INC.

'' LABORATORY

SEND TO:

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

004629574

12/06/91

ACCOUNT NUMBER: 100620303 BARCODE NUMBER:

ATT: Keith A. Koenning

Federal Probation Office

668 Euclid Ave., Rm. 605

Cleveland, OH 44114

SPECIMEN ID:

SPECIMEN ID:

SPECIMEN DATE:

TEST TYPE:

LOCATION CODE:

ACCESSION NUMBER:

004093179

DATE RECEIVED:

12/12/91

Old Acct. No: FP 62C

DATE REPORTED:

12/13/91

### TEST METHODS AND DETECTION LEVELS

Drug or	Initial Test		Confirmation Test	
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

## TEST RESULTS

Drug or

Test

Drug or

Test

Drug class	Result	Drug class	Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		
COMMENTS:			*******
			* TEST RESULT *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed ir accordance with applicable requirements, and that these results are for that specimen.

POSITIVE \*

\*\*\*\*\*\*

Results Certified by: LING LIU Date: 12/13/91

LABORATORIES, IIVE	FED TROBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004629586
Results Name and Address  Keith A. Koenning, Chief Prob. Off  Federal Probation Office   DEC 23 AD:  668 Euclid Avenue #605  Cleveland, OH 44114	Employer's Name and Address  Federal Probation
Or. Chi	Account No. 1 0 0 6 2 0 3 0 3
ARM	Special Tests Requested  PLAINTIFF'S  EXHIBIT  B(3)
Location Code:	
D of Freelinployment	Periodic 04 Medical 05 Cause 06 Specify:  Split Sample (Collect only if required by Client)  Yes 150
	Date Collected  12 (3 91  Social Security #
Specimen Identification (This information will appear only on plies 1,3.)  Ladd  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	279 - 68 - 574 Z_ Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	orm is the specimen presented to me by the donor providing the certification below, that an collected, labeled and sealed in accordance with the instructions provided.
	COHACTOR'S SOMANTIE
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.	panying this form is my own and that I provided it to the collector. Further, I certify that the information provided on this form and on the label is correct. Also, I consent to the felease by the laboratory of the results of the analysis as well as the information.  Donor's Signature or Initials
Apply •	4629586 <b>S</b> ®
Barcode vertically on bottle	( PLACE OVER CAP OF OF
SE SECOND SEAL AND ARCODE FOR BLOOD A SPLIT SAMPLE.	SPECIMEN DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Ship	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all <u>unshaded</u> areas of form.  • Affix tamperproof seal and barcode as illustrated.	

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute conies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

ACCOUNT NUMBER:	100620303	BARCODE N	UMBER:		00	4629586
SEND TO:		SPECIMEN	TD:			
ATT: Keith A. Koenning,	CUCDO	SPECIMEN				
	CUSFO	SPECIMEN		1	2/13/91	
U.S. Probation Office	0.0				1	2/13/9.
310 Lakeside West Ste 4	00	TEST TYPE				
Cleveland, OH 44113		LOCATION	CODE:			
		ACCESSION	NUMBER	•	00	4134648
		DATE RECE	IVED:		1	2/19/91
Old Acct. No: FP 62C		DATE REPO	RTED:			2/20/91
	========= EST METHODS	AND DETECT	TON LEV	======== ELS		
Drug or		tial Test	1011 221		ation Test	
Drug Class	Method	Cut	Off	Method	Cuto	ff
Amphetamines	EMIT	1000	ng/ml	GC/MS	250	====== ng/ml
Barbiturates	EMIT		ng/ml	GC		ng/ml
	EMIT			GC		
Benzodiazepines			ng/ml			ng/ml
Cocaine Metabolite	EMIT		ng/ml	GC		ng/ml
Methadone	EMIT		ng/ml	GC		ng/ml
Opiates	EMIT		ng/ml	GC/MS		ng/ml
Phencyclidine	EMIT	25	ng/ml	GC/MS	25	ng/ml
Cannabinoid 100	EMIT	100	ng/ml	HPTLC	50	ng/ml
	TE	ST RESULTS				
Drug or	Test		Drug	or	Tes	t
Drug class	Result		Drug c	_	Resu	lt
Amphetamines		Coca	ine Met	abolite		
Amphetamine	negativ		nzoylec		negat	ive
Methamphetamine	negativ		adone	gonine	negae	140
Barbiturates	negaciv		thadone	- Nove	nogat	i
Amobarbital	nogativ				negat	TAG
	negativ					
Butabarbital	negativ		deine	•	negat	
Butalbital	negativ		dromorp	none	negat	
Pentobarbital	negativ		rphine		negat	ive
Phenobarbital	negativ		cyclidi			
Secobarbital	negativ		encycli		negat	ive
Benzodiazepines		Cann	abinoid	100	_	
ACB	negativ	re TH	C Metab	olite	POSIT	IVE
MACB	negativ	re				
COMMENTS:					******	د ناد ناد ناد ناد وای وای وای
					* TEST R	
					* POSI	TIVE ;

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 12/20/91

\*\*\*\*\*\*

	LABORATORIES, INC.	FED FR BATION			
	A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen N		0004629526	
Ke Fe	ts Name and Address 1th A. Koenning, Chief Prob. Off deral Probation Office 8 Euclid Avenue #605   DEC 27 A9 5 eveland, OH 44114	Employer's Name			
	J CLEVELAN		00620	303	
	ABM	Special Tests Rec	quested	PLAINTIFF'S EXHIBIT  B(4)	
Loca	tion Code:				
COLLECTOR COMPLETES	Specimen Type Sp		Reasonable 05 Cause aly if required by Clien	Other 06 Specify:	
DONOR COLLI	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompate the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	Gollecto)'s Signatur	own and that I provided on this form aboratory of the result	y Gro. Th	
Ba ver on JSE SE BARCO	ply prode rically bottle  COND SEAL AND DE FOR BLOOD  JT SAMPLE.	629526 <b>5</b>	CIMEN NO. 000	4629526 S	
***	Shipper Airbill # Date Shipp	Specin	nen 🔛 1505-/	nChem Laboratories, Inc. A O'Brien Drive Park, CA 94025-1435	
• ( • / • / • / • /	STRUCTIONS TO COLLECTOR  Complete all <u>unshaded</u> areas of form.  Affix tamperproof seal and barcode as illustrated.  Ask donor to sign Donor Certification and Consent and initial/sign:  Place specimen and laboratory copy of Chain of Custody form in s  (eep specimen in secure storage until shipped.  Distribute copies of Chain of Custody form as indicated on each conservations.	hipping container			

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:		004629526
SEND TO:		SPECIMEN ID:		
ATT: Keith A. Koenning, CUSPO U.S. Probation Office 310 Lakeside West Ste 400		SPECIMEN ID:		
		SPECIMEN DATE:	12/20/91	
		TEST TYPE:		
Cleveland, OH 44113		LOCATION CODE:		
		ACCESSION NUMBER	•	004171066
		DATE RECEIVED:		12/27/91
Old Acct. No: FP 62C		DATE REPORTED:		01/01/92
r	EST METHODS	AND DETECTION LEV	ELS	
Drug or	Ini	tial Test	Confirm	mation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
	TE	ST RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug c	lass	Result
Amphetamines		Cocaine Met	======= abolite	
Amphetamine	negativ	e Benzoylec	gonine	negative
Methamphetamine	negativ			
Barbiturates		Methadone		<pre>- negative</pre>
Amobarbital	negativ	e Opiates		3
Butabarbital	negativ			negative
Butalbital	negativ		hone	negative
Pentobarbital	negativ			negative
Phenobarbital	negativ		ne	
Secobarbital	negativ			negative
Benzodiazepines	3	Cannabinoid		negacive
ACB	negativ			POSITIVE
MACB	negativ			TOBITIVE
COMMENTS:				*****
				* TEST RESULT *  * POSITIVE *
				* POSITIVE *
				****

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LORRIE SEDILLOS

Date: 01/01/92

LABORATORIES, INC.	FED TRA	BATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629538
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address  Federal Probatio	n
J OLT VELS		0303
ABM	Special Tests Requested	PLAINTIFF'S EXHIBIT  B(5)
ocation Code:		
Reason For Test (Check One)  01 Preemployment  D2 Random  O3 Accident  Specimen Type	Periodic Reasonable  04 Medical 05 Cause  Split Sample (Collect only if required by	Other 06 Specify:
Urine Blood Urine and Blood  Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen Identified on this it bears the same identification number as set forth above and that it has be	Yes No	Date Collected  (Z Z7 9   Social Security #  279-68-5742  Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has be	011	the donor providing the certification below, the dance with the instructions provided.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen according the specimen container was sealed with a tamperproof seal in my presence to the analysis of the specimen accompanying this form by the laboratory are	mpanying this form is my own and that i p and that the profunation provided on this i and to the release by the laboratory of the n	rovided it to the collector. Further, I certify the form and on the label is correct. Also, I conseresults of the analysis as well as the information
Apply Barcode vertically on bottle	34629538 <b>5</b> ®	
vertically on bottle  E SECOND SEAL AND  COLLECTOR'S SIGNATURE	OF OF	004629538 S
RCODE FOR BLOOD SPLIT SAMPLE.	Sanks.	and the wide of the first of th
Shipper Airbill # Date S	Specimen > 15	armChem Laboratories, Inc. 05-A O'Brien Drive enlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR  • Complete all <u>unshaded</u> areas of form.		

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PIW 1

REPORT

						ABH
ACCOUNT NUMBER:	100620303	BARCODE N	UMBER:		4	004629538
SEND TO:		SPECIMEN ID:				
ATT: Keith A. Koenning, CUSPO		SPECIMEN				
U.S. Probation Office		SPECIMEN			12/27/91	
310 Lakeside West Ste		TEST TYPE:				
Cleveland, OH 4411	.3	LOCATION	CODE:			
		ACCESSION		*		004197820
077		DATE RECE			01/03/9	
Old Acct. No: FP 620	; :====================================	DATE REPO	RTED: ======			01/03/92 =======
	TEST METHODS		ION LEV			
Drug or		tial Test			mation T	
Drug Class	Method	Cut	Off 	Method	C	utOff 
Amphetamines	EMIT	1000	ng/ml	GC/MS	2	50 ng/ml
Barbiturates	EMIT	300	ng/ml	GC	5	00 ng/ml
Benzodiazepines	EMIT	300	ng/ml	GC		00 ng/ml
Cocaine Metabolite	EMIT		ng/ml	GC		00 ng/ml
Methadone	EMIT		ng/ml	GC		00 ng/ml
Opiates	EMIT		ng/ml	GC/MS		50 ng/ml
Phencyclidine	EMIT		ng/ml	GC/MS		25 ng/ml
Cannabinoid 100	EMIT		ng/ml	HPTLC		50 ng/ml
	TE	ST RESULTS				
Drug or	Test		Drug	or		Test
Drug class	Result		Drug class		R	esult
Amphetamines	4	Coca		abolite		
Amphetamine	negativ		nzoylec		ne	gative
Methamphetamine	negativ		adone	-		<b>J</b>
Barbiturates			thadone		ne	gative
Amobarbital	negativ					<b>J</b>
Butabarbital	negativ	_	deine		ne	gative
Butalbital	negativ		dromorp	hone		gative
Pentobarbital	negativ		rphine	-		gative
Phenobarbital	negativ		cyclidi	ne	-	3
Secobarbital	negativ		encycli		ne	gative
Benzodiazepines			abinoid			5.02.0
ACB	negativ		C Metab		PO	SITIVE
MACB	negativ					TO M. S. M. S. T. M.
COMMENTS:					****	*****
					* TES	T RESULT *
						OSITIVE *
					_	*****

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/03/92

LABORATORIES, IN	FED PROBATION				
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629542			
Results Name and Address  Keith A. Koenning, Chief Prob. Off Federal Probation Office  668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Addre				
<b>87</b>	Account No. 1 0 0 6	20303			
Collection Site and Address  ABM Z  C  Location Code:	Special Tests Requested  THC	PLAINTIFF'S EXHIBIT  B(6)			
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident	Periodic Reasonabl	Other 06 Specify:			
epecimen Type    Urine   Blood   Wrine and Blood	Split Sample (Collect only if required	by Client)			
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has be		Date Collected  1 Z   3   9    Social Security #  279-68-5742  Temperature			
	Collector's Signature	. Lapori h			
DONOR CERTIFICATION AND CONSENT: I certify that the specimen account the specimen container was sealed with a tamperproof seal in my presence to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	mpanying this form is my own and that and that it is information provided on the did to the diease by the laboratory of the Donor's Signature or Initials	t I provided it to the collector. Further, I certify that his form and on the label is correct. Also, I consent ne results of the analysis as well as the information			
Apply Barcode vertically on bottle	34629542 <b>5</b> ®				
vertically on bottle  USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.  COLLECTOR'S SIGNATURE	OF )	0004629542 S			
Shipper Airbill # Date S	hipped Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435			
INSTRUCTIONS TO COLLECTOR  • Complete all <u>unshaded</u> areas of form.					

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC. LABORATORY

1505-A O'Brien Drive, M	Menlo Park, C	A, 94025		REPORT
ACCOUNT NUMBER:	100620303	BARCODE NUMBER:	===========	========= 004629542
SEND TO: ATT: Keith A. Koenning, CUSPO U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		12/31/91
Old Acct. No: FP 62C		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004210999 01/06/92 01/09/92
_ T	EST METHODS	AND DETECTION LEVE	======================================	========
Drug or Drug Class	Ini <sup>.</sup> Method	tial Test CutOff	Confirmation	O-+OFF
wiibueraiiTues	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml 300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
		ST RESULTS		
Drug or	Test	Drug o	or	Test
Drug class	Result	Drug als		
- mibrie comitties		Cocaine Metak	======== olite	
Amphetamine	negative	Benzoylecgo		negative
Methamphetamine	negative	Methadone	1	regactive
Barbiturates		Methadone		negative
Amobarbital	negative	Opiates	- *	regactive
Butabarbital	negative	Codeine	r	negative
Butalbital	negative			egative
Pentobarbital	negative	Morphine		egative
Phenobarbital	negative		**	CAMCTAG
Secobarbital	negative	Phencyclidi	ne n	egative
Benzodiazepines ACB		Cannabinoid 1	00	-Auct AC
ACB	negative	THC Metabol		0000

TEST RESULT \* POSITIVE \*\*\*\*\*\*\*\*\*

THC Metabolite

negative

negative

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that

esults Certified by: SUZANNE SAMPSON

MACB

COMMENTS:

Date: 01/09/92

POSITIVE



J'Brien Drive, Menlo Park, CA 94025

## AIN OF CUSTODY FOR DRUG ANALYSIS

FED	F	1	BA	T	Ι	0	N
-----	---	---	----	---	---	---	---

Specimen No.

0004629549

suits Name and Address	Employer's Name and Address	
eith A. Koenning, Chief Prob. Off ederal Probation Office	Federal Probation	n
68 Euclid Avenue #605 leveland, OH 44114		
	Account No. 1 0 0 6 2	0303
lection Site and Address	Special Tests Requested	
ABM	THC	PLAINTIFF'S EXHIBIT  B(7)
ation Code:		
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident		Other 06 Specify:
Specimen Type  Urine Blood Urine and Blood	Split Sample (Collect only if required by (	Client)
Specimen Identification (This information will appear only on plies 1,3.)		Date Collected
win Ladd		1 3 92
Specimen Identification (This information will appear on all copies.)		Social Security #
Remarks Concerning Collection		279-68-5742 Temperature
Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen Identified on this it bears the same identification number as set forth above and that it has be	form is the specimen presented to me by t	he donor providing the certification below, the
The same rue in the same as set for the above and that it has been also the same as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and that it has been as set for the above and the above and the above and the above and the above all the above and the above and the above above as the above as the above above as the above as the above above as the above above as the above above above as the above above as the above ab	non-	A
	Collector's Signature	Iragovich.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen according to the specimen container was sealed with a tamperproof seal in my presence to the analysis of the specimen accompanying this form by the laboratory an recorded on this form to the organization and/or individual listed on this form		rovided it to the collector. Further, I certify it form and on the label is correct. Also, I consessuits of the analysis as well as the informati
pply •	34629549 <b>S</b> a	
pply arcode ertically n bottle  SECOND SEAL AND ODE FOR BLOOD  COLLECTOR'S SIGNATURE	OF IS	004629549 S
PLIT SAMPLE,		

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keen enecimen in secure storage until shipped

505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

CCOUNT NUMBER:	100620303	BARCODE NU	MBER:		004629549
END TO:		SPECIMEN I	D•		
ATT: Keith A. Koenning	. CUSPO	SPECIMEN II			
J.S. Probation Office	, , , , , , , , , , , , , , , , , , , ,	SPECIMEN DATE:			01/03/92
310 Lakeside West Ste	400	TEST TYPE:			01/03/32
Cleveland, OH 44113		LOCATION CO	ODE:		
		ACCESSION I	NUMBER	1	004215692
		DATE RECEIV			01/06/92
Old Acct. No: FP 62C		DATE REPORT			01/08/92
	rest methods	AND DETECTION	ON LEV	======= ELS	
Drug or		tial Test			ation Test
Drug Class	Method	CutO		Method	CutOff
Amphetamines	EMIT	1000 1		GC/MS	250 ng/ml
Barbiturates	EMIT		ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT		ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT		ng/ml	GC	300 ng/ml
Methadone	EMIT		ng/ml	GC	300 ng/ml
Opiates	EMIT		ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT		ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT		ng/ml	HPTLC	50 ng/ml
		======== ST RESULTS	=====		=======================================
Drug or	Test		Drug	or	Test
Drug class ===================================	Result	I	Drug c	lass	Result
Amphetamines				====== abolite	
Amphetamine	negativ			gonine	negative
Methamphetamine	negativ			,	110940170
Barbiturates		Meth	nadone		negative
Amobarbital	negativ	e Opiate	25		
Butabarbital	negativ				negative
Butalbital	negativ		comorpl	none	negative
Pentobarbital	negativ	_	phine		negative
Phenobarbital	negative		clidi	ne	rieguetve
Secobarbital	negativ		cyclic		negative
Benzodiazepines		Cannab			negative
ACB	negative		Metabo		POSITIVE
MACB	negativ				TODITIVE
COMMENTS:					*****
					* TEST RESULT *
					* POSITIVE *
					FOOTITAE "

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LING LIU

Date: 01/08/92

LABORATORIES, IN.	FED PROP	MOIT
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	000 <b>462956</b> 0
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 JAN 15 AND: 06 Cleveland, OH 44114		
Cleveland, OH 44114	Account No. 1 0 0 6 2 0	303
Collection Site and Address	Special Tests Requested	
ABM .	THC	PLAINTIFF'S EXHIBIT  B(8)
Location Code:  Reason For Test (Check One) Post	Periodic Reasonable	Other
O1 Preemployment	04 Medical 05 Cause  Split Sample (Collect only If required by Cli	O6 Specify:
Urine Blood Urine and Blood	Yes No	Date Collected
Specimen Identification (This information will appear only on plies 1,3.)		1 10 92
Specimen Identification (This information will appear on all copies.)		Social Security #
ō i		279-48-5742
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this fit bears the same identification number as set forth above and that it has be		Temperature
	Collector & September 2	agovich.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accome the specimen container was sealed with a tamperproof seal in my presence at the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	npanying this form is my own and that I pro and that the information provided on this for d to the release by the laboratory of the res	vided it to the collector. Further, I certify that m and on the label is correct. Also, I consent uits of the analysis as well as the information
Apply A	462956Ø <b>S</b> ®	
Apply Barcode vertically on bottle	OVER CAP	04629560 <b>S</b>
USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.		S SIGNATURE OR INITIALS
Shipper Airbill # Date S	Specimen 150	rmChem Laboratories, Inc. 5-A O'Brien Drive Ilo Park, CA 94025-1435
U INSTRUCTIONS TO COLLECTOR		

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
  - 'stribute copies of Chain of Custody form as indicated on each copy.

ABORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025

004629560 CCOUNT NUMBER: 100620303 BARCODE NUMBER: END TO: SPECIMEN ID: SPECIMEN ID: ATT: Keith A. Koenning, CUSPO 01/10/92 SPECIMEN DATE: U.S. Probation Office 310 Lakeside West Ste 400 TEST TYPE: Cleveland, OH 44113 LOCATION CODE: 004257641 ACCESSION NUMBER: 01/14/92 DATE RECEIVED: 01/17/92 DATE REPORTED:

Old Acct. No: FP 62C 

TEST METHODS AND DETECTION LEVELS

Drug or	Initial		Confirmation	
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300  ng/ml	GC	500  ng/ml
Benzodiazepines	EMIT	300  ng/ml	GC	200  ng/ml
Cocaine Metabolite	EMIT	300  ng/ml	GC	300  ng/ml
Methadone	EMIT	300  ng/ml	GC	300  ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25  ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
=======================================			
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates	-	Methadone	negative
Amobarbital	negative	Opiates	NA COM
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines	3	Cannabinoid 100	2
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		
	-		

COMMENTS:

TEST RESULT \*

REPORT

POSITIVE \*

Date: 01/17/92

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

LABORATORIES, IN	FED PROBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004930428
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	Employer's Name and Address  Federal Probation
668 Euclid Avenue #605 Cleveland, OH 44114	
	Account No. 100620101
Collection Site and Address Team II	Special Tests Requested  PLAINTIFF'S  EXHIBIT  B(9)
Location Code:	
Reason For Test (Check One)  01 Preemployment  02 Random  03 Accident	Periodic O4 Medical O5 Cause Other O6 Specify:
Specimen Type	Split Sample (Collect only if required by Client)  Yes No
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected
Specimen Identification (This information will appear on all copies.)	Social Security #
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	orm is the specimen presented to me by the donor providing the certification below, that en collected, labeled and sealed in accordance with the instructions provided.
	Collector's Signature
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accome the specimen container was sealed with a tamperproof seal in my presence a to the analysis of the specimen accompanying this form by the laboratory and	panying this form is my own and that I provided it to the collector. Further, I certify that and that I cornect that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the pesuits of the analysis as well as the information
to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	Word Khold-
ŏ	Donor's Signature or Initials
Apply Barcode vertically on bottle	PLACE OVER CAP OF SPECIMEN  SPECIMEN NO. DO04930428  DONOR'S SIGNATURE OR INITIALS PharmChem Laboratories, Inc.
USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.	
Shipper Airbill # Date Sh	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

	onio raik, c	er i	34023				REPORT
ACCOUNT NUMBER:	100620101	BAR	CODE N		=======		======= 004930428
SEND TO:		CDD	a=1.00				
ATT: Keith A. Koenning, CUSPO			CIMEN				
U.S. Probation Office			CIMEN				
310 Lakeside West Ste 4	0.0	SPECIMEN DATE: TEST TYPE:				01/13/92	
Cleveland, OH 44113	00		ATION				
				NUMBER		(	04282830
Old Acct. No: FP 62A			E RECE				01/18/92
======================================	========	DAT ====	E REPO	RTED: ======	========	========	01/22/92
TI	EST METHODS			ION LEV	ELS		
Drug or		tial	Test		Confirm	nation Tes	t
Drug Class	Method		Cut	Off	Mothod	04	OFF
Amphetamines	EMIT	====:	1000	ng/ml	GC/MS		
Barbiturates	EMIT			ng/ml	GC / MS		ng/ml
Benzodiazepines	EMIT		300	ng/ml	GC		ng/ml
Cocaine Metabolite	EMIT		300	ng/ml	GC	200	ng/ml
Methadone	EMIT			ng/ml		300	ng/ml
Opiates	EMIT		300	ng/ml	GC /WC	300	ng/ml
Phencyclidine	EMIT		25	ng/ml	GC/MS		ng/ml
Cannabinoid 100	EMIT			ng/ml	GC/MS HPTLC		ng/ml
	=======================================	====:		======		=======	=======
Drug or	Test	ST RI	ESULTS	ъ.			
Drug class	Result	ad		Drug		Te	st
=======================================	JID897 :=========	====:	-=====	Drug c	lass 	Res	ult
Amphetamines				ne Meta	abolite		
Amphetamine	negative	9		zoylec		nega	tive
Methamphetamine	negative	Э	Metha		, =	negu	CIVE
Barbiturates				hadone		nega	tivo
Amobarbital	negative	€	Opiat	es		negu	CT 4 C
Butabarbital	negative	9		leine		nega	tive
Butalbital	negative	9		romorph	one	nega	
Pentobarbital	negative	9	Mor	phine		nega	
Phenobarbital	negative	9		yclidir	ne	nega	CIVC
Secobarbital	negative	9	Phe	ncyclic	line	nega	tive
Benzodiazepines	_			binoid		nega	CIVE
ACB	negative	9		Metabo		POSI	PTVF
MACB	negative					1031	IIAE
COMMENTS:							
							*****
							RESULT *
						+ DOG:	T (01 Tr X 220 J.

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in coordance with applicable requirements, and that these results are for that pecimen.

POSITIVE

	LABORATORIES, INC.	FED P	POTATION
	-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004929424
F 6	Its Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office 58 Euclid Avenue #605 leveland, OH 44114	Federal Prob	
	ABM	Special Tests Requested	
Loca	tion Code:		
DONOR COLLECTOR COMPLETES	Specimen Type Specimen Type	A Medical 05 Caus  Olit Sample (Collect only if req  Olit Yes No  This the specimen presented to collected, labeled and sealed collected, labeled and sealed collected is sorm is my own and anyting this form is my own and the collected is sorm is my own and collected.	Date Collected    1   17   9 2_     Social Security #   27 9 - 68 - 57 4 2_   Temperature  To me by the donor providing the certification below, that d in accordance with the instructions provided.
Ap Ba ver on SE SE ARCO	ply roode rically bottle  COND SEAL AND DE FOR BLOOD  IT SAMPLE.  COLLECTOR'S SIGNATURE  Date Shipper	OF SPECIMEN  Ped Ship Specimen	NO. 6264929424 S  DONOR'S SIGNATURE OR INITIALS  PharmChem Laboratories, Inc. 1505-A O'Brien Drive
IN	STRUCTIONS TO COLLECTOR	72 To	Menlo Park, CA 94025-1435

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

  SEND TO MEDICAL REVIEW OFFICER LEAPPHICABLE.

HARMCHEM LABORATORIES, INC.
ABORATORY
505-A O'Brien Drive Menlo

.505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

CCOUNT NUMBER:	100620101	BARCODE NUMBER:		004929424
END TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4( Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/17/92
Old Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	•	004300590 01/22/92 01/24/92
:=====================================	ST METHODS	AND DETECTION LEVE	======:: 21.S	===============
Drug or Drug Class		ial Test CutOff	_	mation Test CutOff
	=========			=======================================
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines Cocaine Metabolite	EMIT	300 ng/ml	GC	200 ng/ml
Methadone	EMIT EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml 300 ng/ml	GC (YG	300 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS GC/MS	150 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	25 ng/ml 50 ng/ml
	TES	T RESULTS	======	
Drug or	Test	Drug	or	Test
Drug class ===================================	Result	Drug cl	.ass	Result
Amphetamines		Cocaine Meta	bolite	
Amphetamine	negative			negative
Methamphetamine	negative	Methadone		
Barbiturates		Methadone		negative
Amobarbital	negative			
Butabarbital Butalbital	negative			negative
Pentobarbital	negative		one	negative
Phenobarbital	negative negative	*	_	negative
Secobarbital	negative	2		
Benzodiazepines	alegaet ve	Cannabinoid		negative
ACB	negative			POSITIVE
MACB	negative		-1 UC	LOSITIVE
COMMENTS:				*****
				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in specimen.

Results Certified by: LING LIU

Date: 01/24/92

LABORATORIES, I.	FED PROPATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANAL	YSIS Specimen No. 0004929419
Results Name and Address Keith A. Koenning, Chief Prot Federal Probation Office	Employer's Name and Address  Federal Probation
568 Fuclid Avenue #605	
	Account No. 100620101
Collection Site and Address ABM	Special Tests Requested  THC  PLAINTIFF'S  EXHIBIT  B(11)
Location Code:	<u>*</u>
Reason For Test (Check One)  01 Preemployment 02 Random 03 Acceptance 03 Acceptance 04 Reason 10	ident U 04 Medical U 05 Cause U 06 Specify:
Urine Blood Urine as Specimen Identification (This information will appear only on	1 Blood Yes 2 No
Ladd Specimen Identification (This information will appear on all of	
Specimen Identification (This information will appear only on Specimen Identification (This information will appear on all of Specimen Identification (This information will appear on all of Specimen Identification (This information will appear on all of Specimen Identification (This information will appear only on Specimen Identification (This information will appear on all of Specimen Ide	279-68-5742— Temperature
COLLECTOR CERTIFICATION: I certify that the specimen id it bears the same identification number as set forth above as	ntified on this form is the specimen presented to me by the donor providing the certification below, that d that it has been collected, labeled and sealed in accordance with the instructions provided.
	leffey a Drogovich.
DONOR CERTIFICATION AND CONSENT: I certify that the the specimen container was sealed with a tamperproof seal if to the analysis of the specimen accompanying this form by the recorded on this form to the organization and/or individual limits of the container was sealed with a tamperproof seal if the property of the container was sealed with a tamperproof seal if the container was sealed with a tamperproof was sealed with a tamperproof seal if the container was sealed with a tamperproof was sealed with a tampe	Decimen accompanying this form is my own and that I provided it to the collector. Further, I certify that my presence and that the information provided on this form and on the label is correct. Also, I consent a laboratory and to the release by the laboratory of the results of the dnalysis as well as the information ed on this form.  Donor's Signature or Initials
Apply •	MOLLO S
Apply Barcode vertically on bottle  SE SECOND SEAL AND COLLECTOR'S SIGNATURE COLLECTOR'S	PLACE OVER CAP OF SPECIMEN NO. 0004929419 S  DONOR'S SIGNATURE OR INITIALS
R SPLIT SAMPLE. Shipper Airbill #	Date Shipped Ship PharmChem Laboratories, Inc.
A D	Date Shipped Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR	
<ul> <li>Complete all <u>unshaded</u> areas of form.</li> <li>Affix tamperproof seal and barcode as illustrated.</li> </ul>	

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

.505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

:======================================		=======================================
ACCOUNT NUMBER: 1000	520101 BARCODE NUMBER:	004929419
SEND TO: ATT: Keith A. Koenning, CUSPO U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	01/14/92
Old Acct. No: FP 62A	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004282142 01/17/92 01/22/92
TEST M	THOOS AND DETECTION LEVELS	

	TEST METHODS AND		LS	
Drug or	Initial	Test	Confirmation	Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300  ng/ml	GC	300 ng/ml
Methadone	EMIT	300  ng/ml	GC	300 ng/ml
Opiates	EMIT	300  ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Secobarbital Benzodiazepines ACB MACB	negative	Cocaine Metabolite Benzoylecgonine Methadone Methadone Opiates Codeine Hydromorphone Morphine Phencyclidine Phencyclidine Cannabinoid 100 THC Metabolite	negative negative negative negative negative negative POSITIVE

### COMMENTS:

\* TEST RESULT \*

\* POSITIVE \*

\*\*\*\*\*\*\*

Date: 01/22/92

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in specimen.

L'ABORATORIES, IN	FED PROBATION
505-A O'Brien Drive, Menlo Park, CA 94025 HAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929427
esults Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	Employer's Name and Address Federal Probation
668 Euclid Avenue #605 Cleveland, OH 44114	11: 45
	Account No. 100620101
ABM	Special Tests Requested  THC  PLAINTIFF'S  EXHIBIT  B(12)
cation Code:	
Specimen Type	Periodic 04 Medical 05 Cause 06 Specify:  Split Sample (Collect only if required by Client)
O1 Preemployment O2 Random O3 Accident Specimen Type	04 Medical 05 Cause 06 Specify:
O1 Preemployment O2 Random O3 Accident Specimen Type	04 Medical 05 Cause 06 Specify:
O1 Preemployment O2 Random O3 Accident Specimen Type	04 Medical 05 Cause 06 Specify:
O1 Preemployment	04 Medical

Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND BARCODE FOR BLOOD

OR SPLIT SAMPLE.



SPECIMEN

COLLECTOR'S SIGNATURE

PLACE SPECIMEN NO.

SPECIMEN NO. 0004929427

S

DONOR'S SIGNATURE OR INITIALS

Shipper	Airbill #	Date Shipped	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

   DESCRIPTION OF THE ADDITION OF

PHARMCI	HEM LABOI	RATORIES	, INC.			
ABORAS	<b>TORY</b>					
1505-A	O'Brien	Drive,	Menlo	Park,	CA,	94025

REPORT

	July C	31023		KEFOKI
CCOUNT NUMBER:	100620101	BARCODE NUMBER:	=======	
END TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/21/9
Old Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:		00431955 01/25/9 01/28/9
	EST METHODS	AND DETECTION LEV	ELS	
Drug or		tial Test		mation Test
Drug Class ===================================	Method	CutOff	Method	CutOff
Amphetamines Barbiturates	EMIT EMIT	1000 ng/ml 300 ng/ml	GC/MS	250 ng/ml
Benzodiazepines	EMIT	300 ng/ml		500 ng/ml 200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml		300 ng/ml
Methadone	EMIT	300 ng/ml		300 ng/ml
Opiates	EMIT	300 ng/ml		150 ng/ml
Phencyclidine	EMIT	25 ng/ml		25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
		ST RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug c	lass	Result
Amphetamines		Cocaine Meta		
Amphetamine	negativ			negative
Methamphetamine	negativ		Source	negative
Barbiturates	<b>3</b>	Methadone		negative
Amobarbital	negativ			
Butabarbital	negativ	e Codeine		negative
Butalbital	negativ	e Hydromorpl	hone	negative
Pentobarbital	negativ			negative
Phenobarbital	negativ	2		-
Secobarbital	negativ			negative
Benzodiazepines ACB		Cannabinoid		
MACB	negativ negativ		olite	POSITIVE
COMMENTS:				******

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in applicable requirements, and that these results are for that specimen.

lesults Certified by: SUZANNE SAMPSON

Date: 01/28/92

TEST RESULT \*
POSITIVE \*

LABORATORIES, IN	FED PRCATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929434
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office ( ) A ( ) 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address  Federal Probation
Cleverand, on 44114	- Accepunt No. 100620101
Collection Site and Address ABM	Special Tests Requested  THE PLAINTIFF'S EXHIBIT B(13)
Location Code:	
D of recimpoyment 2 of random 2	Periodic O4 Medical O5 Cause O6 Specify:  Ciplit Sample (Collect only if required by Client)
Plane Blood Liring and Blood	Yes No
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected
Specimen Identification (This information will appear on all copies.)	Social Security # 2 7 9 - 68 - 5 7 42
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has bee	Temperature
	rm is the specimen presented to me by the donor providing the certification below, that in collected, labeled and sealed in accordance with the instructions provided.  Collector's Signature  Panying this form is my own and that I provided it to the collector. Further, I certify that and that the information provided on this form and on the label is correct. Also, I consent to the let ase by the laboratory of the results of the analysis as well as the Information  Donor's Signature or Initials
Apply > Barcode vertically on bottle	1929434 SM
USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.  COLLECTOR'S SIGNATURE	OVER CAP OF SPECIMEN NO. DOMON'S SIGNATURE OR INITIALS
Shipper Airbill # Date Shi	Specimen 1505-A O'Brien Drive

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

ABORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

.CCOUNT NUMBER:	100620101	BARCOD	==== E N(	JMBER:	==========	0	====== 04929434
END TO: ATT: Keith A. Koenning, (U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113		SPECIM SPECIM SPECIM TEST T LOCATIO	EN 1 EN 1 YPE:	D: DATE:			01/24/92
Old Acct. No: FP 62A		ACCESS DATE RI DATE RI	ECE				04343950 01/29/92 01/30/92
	ST METHODS	AND DET	 ЕСТ1	ON LEVE	LS		
Drug or		tial Te			Confirmation	Tes	t
Drug Class	Method				Method	CutOff	
Amphetamines	EMIT	1	==== ^^	ng/ml	GC/MS	250	ng/ml
Barbiturates	EMIT			ng/ml	GC		ng/ml
Benzodiazepines	EMIT			ng/ml	GC		ng/ml
Cocaine Metabolite	EMIT			ng/ml	GC		ng/ml
Methadone	EMIT			ng/ml	GC		ng/ml
Opiates	EMIT			ng/ml	GC/MS		ng/ml
Phencyclidine	EMIT		25	ng/ml	GC/MS		ng/ml
Cannabinoid 100	EMIT		100	ng/ml	HPTLC	50	ng/ml
	======== איז	ST RESU	===: 1.TS				
Drug or	Test	- 1000		Drug	or	Te	st
Drug class	Result			Drug cl		Res	
Amphetamines			==== ocai	ine Meta	bolite		
Amphetamine	negativ					nega	tive
Methamphetamine	negativ					5	
Barbiturates	-		Met	chadone		nega	tive
Amobarbital	negativ	e O	piat	ces	~ · · · ·	-	
Butabarbital	negativ		Cod	deine		nega	tive
Butalbital	negativ		Hyc	iromorph	one	nega	
Pentobarbital	negativ	е	Mon	cphine		nega	tive
Dh 1	4 9		9	7 4 7 4		_	

COMMENTS:

ACB

MACB

Phenobarbital

Secobarbital

Benzodiazepines

\*\*\*\*\*\*\*\*\*\*\*\*\*\* \* TEST RESULT \*

\* POSITIVE \*

negative

POSITIVE

\*\*\*\*\*\*

Date: 01/30/92

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Phencyclidine

Phencyclidine

THC Metabolite

Cannabinoid 100

negative

negative

negative

negative



1505-A O'Brien Drive, Menlo Park, CA 94025

## CHAIN OF CUSTODY FOR DRUG ANALYSIS

7

FED TOBATION

Specimen No.

0004929463

esults Name and Address	Employer's Name and Address
Keith A. Koenning, Chief Prob. Off Federal Probation Office	Federal Probation
668 Euclid Avenue #605 [7] 10 411:23	
	Account No. 100620101
ollection Site and Address	Special Tests Requested
ABM 3	PLAINTIFF'S EXHIBIT  B(14)
cation Code:	
	Periodic Reasonable Other Medical 05 Cause 06 Specify:
Urine Blood Urine and Blood	it Sample (Collect only if required by Client)  Yes  No
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 2/14/92
Specimen Identification (This information will appear on all copies.)	Social Security # 279 - 68 - 57 42
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	Temperature Temperature
	collector's signature  nying this term is my swaland that I provided it to the collector. Further, I certify that the information provided on this form and on the label is correct. Also, I consequence the release by the laboratory of the results of the analysis as well as the information.
5	Donor's Signature or Initials
Apply Barcode vertically on bottle	(PLACE OVER CAP OF SPECIMEN NO. 2024929463
SECOND SEAL AND COLLECTOR'S SIGNATURE CODE FOR BLOOD	SPECIMEN DONOR'S SIGNATURE OR INITIALS
SPLIT SAMPLE.  Shipper Airbill # Date Shipper	sed Ship PharmChem Laboratories, Inc.
2/14/	Thattiolicii Eaboratorica, inc.

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

'HARMCHEM LABORATOR'	, INC.		
ABORATORY			
.505-A O'Brien Drive,	Menlo	Park,	CA,

REPORT

	========	==========		=======================================
ACCOUNT NUMBER:	100620101	BARCODE NUMBE	R:	004929463
SEND TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 40 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE TEST TYPE: LOCATION CODE		02/14/92
		ACCESSION NUM	BER:	004477909
		DATE RECEIVED	:	. 02/22/92
Old Acct. No: FP 62A		DATE REPORTED	):	02/26/92
Drug or Drug Class		AND DETECTION tial Test CutOff	Confirma	tion Test CutOff
			3 00/200	
Amphetamines	EMTT	1000 pg/	m i GC/MS	250 ng/ml
Amphetamines Barbiturates	EMIT EMIT		ml GC/MS	250 ng/ml 500 ng/ml
Barbiturates	EMIT	300 ng/	ml GC	500 ng/ml
		300 ng/ 300 ng/	ml GC ml GC	500 ng/ml 200 ng/ml
Barbiturates Benzodiazepines	EMIT EMIT	300 ng/ 300 ng/ 300 ng/	ml GC ml GC ml GC	500 ng/ml 200 ng/ml 300 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite	EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/	ml GC ml GC ml GC ml GC	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite Methadone	EMIT EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/ 300 ng/	ml GC ml GC ml GC ml GC ml GC	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates	EMIT EMIT EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/	ml GC ml GC ml GC ml GC ml GC/MS ml GC/MS	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine	EMIT EMIT EMIT EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/ 300 ng/ 25 ng/	ml GC ml GC ml GC ml GC ml GC/MS ml GC/MS	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/ 300 ng/ 25 ng/ 100 ng/ ST RESULTS	ml GC ml GC ml GC ml GC ml GC/MS ml GC/MS ml HPTLC	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/ 300 ng/ 25 ng/ 100 ng/ ST RESULTS	ml GC ml GC ml GC ml GC ml GC/MS ml GC/MS ml HPTLC ====================================	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml
Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	300 ng/ 300 ng/ 300 ng/ 300 ng/ 300 ng/ 25 ng/ 100 ng/ ST RESULTS	ml GC ml GC ml GC ml GC ml GC/MS ml GC/MS ml HPTLC	500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml

94025

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Secobarbital Benzodiazepines ACB MACB	negative	Cocaine Metabolite Benzoylecgonine Methadone Methadone Opiates Codeine Hydromorphone Morphine Phencyclidine Phencyclidine Cannabinoid 100 THC Metabolite	negative negative negative negative negative negative POSITIVE
COLUMN			

COMMENTS:

\* TEST RESULT \*

\* POSITIVE \*

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 02/26/92

LABORATORIES, IN	FED ROBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS ,,	<sub>,</sub> Specimen No. 000 <b>4929531</b>
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address  Federal Probation
	Account No. 100620101
Collection Site and Address  ABM	Special Tests Requested  PLAINTIFF'S EXHIBIT  B(15)
Location Code:	<b>#</b>
Reason For Test (Check One)  01 Preemployment  02 Random  03 Accident  04	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
Piline Blood Ulrine and Blood	lit Sample (Collect only if required by Client)  Yes  No
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 2/21/92
Specimen Identification (This information will appear on all copies.)	Social Security #
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	279-68-57+2 Temperature
	collected, labeled and sealed in accordance with the instructions provided.  Collecter's Signature  anying this form is my own and that I provided it to the collector. Further, I certify that I that the information provided on this form and on the label is correct. Also, I consent of the release by the jaboratory of the results of the analysis as well as the information
O O O O O O O O O O O O O O O O O O O	Donor's Signature or Initials
Apply Barcode vertically on bottle  USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.	PLACE OVER CAP OF SPECIMEN NO. 2004929531  DONOR'S SIGNATURE OR INITIALS
Shipper   Airbill #   Date Shipp	Ship Specimen Specimen To Spec

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.
LABORATORY
L505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

		==========		
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:		
SEND TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		02/21/92
		ACCESSION NUMBER:	:	004507223 02/27/92
Old Acct. No: FP 62A		DATE REPORTED:		03/02/92
9	EST METHODS	AND DETECTION LEVE	======= RLS	
Drug or		tial Test		ation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500  ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300  ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
		ST RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug cl	Drug class	
Amphetamines			:====== bolite	
Amphetamine	negativ			negative
Methamphetamine	negativ		,0112110	negacive
Barbiturates	<b>3</b>	Methadone		negative
Amobarbital	negativ			
Butabarbital	negative			negative
Butalbital	negativ		none	negative
Pentobarbital	negative			negative
Phenobarbital	negative		ne	3
Secobarbital	negative			negative
Benzodiazepines		Cannabinoid	100	3
ACB MACB	negativ		olite	POSITIVE
	cgucIV			
COMMENTS:				******
				* TEST RESULT *  * POSITIVE *  **********

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 03/02/92

FED TRABATION LABORATORIES. IN 1505-A O'Brien Drive, Menlo Park, CA 94025 0004929540 Specimen No. CHAIN OF CUSTODY FOR DRUG ANALYSIS Employer's Name and Address Results Name and Address Keith A. Koenning, Chief Federal Probation Office Prob. Off Federal Probation 668 Euclid Avenue #60592MAR 6 Cleveland, OH 44114 OHN CLEVELANDOUNT No. 100620101 Special Tests Requested Collection Site and Address ABM THE PLAINTIFF'S EXHIBIT Location Code: Reason For Test (Check One) Periodic Reasonable Other Post 03 Accident 01 Preemployment 02 Random 04 Medical 05 Cause ☐ 06 Specify: Split Sample (Collect only if required by Client) Specimen Type Urine Yes No Blood ☐ Urine and Blood <u>S3</u> Specimen Identification (This information will appear only on plies 1,3.) Date Collected COLLECTOR COMPLET 3 3/ Social Security # Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collector's Signatur DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the yesults of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form. Donor's Signature or Initials Apply ▶ Beal Barcode vertically on bottle PLACE SPECIMEN NO. 2004929540 OVER CAP USE SECOND SEAL AND COLLECTOR'S SIGNATURE SPECIMEN DONOR'S SIGNATURE OR INITIALS BARCODE FOR BLOOD OR SPLIT SAMPLE. Shipper Airbill # Date Shipped Ship PharmChem Laboratories, Inc. 1505-A O'Brien Drive Specimen 3 3 Menlo Park, CA 94025-1435

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

	100620101	ADGODE NIMBED.	_=======	004929540
CCOUNT NUMBER:	100620101 B	ARCODE NUMBER:		004923340
END TO:	S	PECIMEN ID:		
ATT: Keith A. Koenning,	CUSPO S	PECIMEN ID:		
U.S. Probation Office		PECIMEN DATE:		03/03/93
310 Lakeside West Ste 40	0 T	EST TYPE:		
Cleveland, OH 44113	· L	OCATION CODE:		
	A	CCESSION NUMBER	•	004564610
	D	ATE RECEIVED:		03/06/92
Old Acct. No: FP 62A	D	ATE REPORTED:		03/10/92
		D DETECTION LEV		
Drug or		al Test	-	ation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300  ng/ml	GC	500  ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
=======================================	TECT	RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug c		Result
=======================================	reserve	D149 C		.=====================================
Amphetamines		Cocaine Met	abolite	
Amphetamine	negative	Benzoylec	gonine	negative
Methamphetamine	negative	Methadone		
Barbiturates		Methadone		negative
Amobarbital	negative	Opiates		-
Butabarbital	negative	Codeine		negative
Butalbital	negative	Hydromorp	hone	negative
Pentobarbital	negative	Morphine		negative
Phenobarbital	negative	Phencyclidi	ne	-
Secobarbital	negative	Phencycli	dine	negative
Benzodiazepines	-	Cannabinoid	100	-
ACB	negative	THC Metab	olite	POSITIVE
MACB	negative			
COMMENTS:				*****
				* TEST RESULT
				* POSITIVE
				*********
COC IS DATED 03	.03.91			

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in specimen.

Results Certified by . Ling Lin

3/10/92

LABORATORIES, IN	FED PROPATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929554
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 92 MAP   668 Euclid Avenue #605 Cleveland, OH 44114	04.31
OHN C	Account No. 100620101
Collection Site and Address  ABM	Special Tests Requested  THC  PLAINTIFF'S EXHIBIT B(18)
ocation Code:	E
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  Specimen Type	Periodic O4 Medical D 05 Cause D 06 Specify:  Split Sample (Collect only if required by Client)
Specimen Identification (This Information will appear only on plies 1,3.)  Specimen Identification (This Information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has be	Yes No  Date Collected $3/10/92$ Social Security # $279-48-5742$ Temperature
The state of the s	form is the specimen presented to me by the donor providing the certification below, that the collected, labeled and sealed in accordance with the instructions provided.  Collector's Stepature  Impanying this form is my own and that I provided it to the collector. Further, I certify the and that the information provided on this form and on the label is correct. Also, I consend to the relative by the laboratory of the results of the sharpers as well as the information.  Donor's Signature or Initials
Apply Barcode vertically on bottle  SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE.  COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2004929554 S  DONOR'S SIGNATURE OR INITIALS
	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- · Distribute copies of Chain of Custody form as indicated on each copy.

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

Brief Drive, M	•	CA, 94025		REPORT
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:	=======	004929554
SEND TO:		SPECIMEN ID:		
ATT: Keith A. Koenning,	CUSPO	SPECIMEN ID:		
U.S. Probation Office		SPECIMEN DATE:		03/10/92
310 Lakeside West Ste 4	00	TEST TYPE:		03/10/92
Cleveland, OH 44113		LOCATION CODE:		
		ACCESSION NUMBER:		004604654
Old Acct. No: FP 62A		DATE RECEIVED:		03/13/92
Old Acct. No: FP 62A	=========	DATE REPORTED:		03/18/92
T	EST METHODS	AND DETECTION LEVE	LS	
Drug or		tial Test	Confir	mation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300  ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300  ng/ml	GC/MS	150 ng/ml
Phencyclidine Cannabinoid 100	EMIT	25 ng/ml	GC/MS	25 ng/ml
:=====================================	EMIT =========	100 ng/ml	HPTLC	50 ng/ml
_	TE	ST RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug cl		Result
Amphetamines		Cocaine Metal	======= bolite	
Amphetamine	negative	Benzoylecge		negative
Methamphetamine	negative			negactive
Barbiturates		Methadone		negative
Amobarbital	negative	Opiates		
Butabarbital	negative			negative
Butalbital Pentobarbital	negative	Hydromorpho	one	negative
Phenobarbital	negative	E		negative
Secobarbital	negative	7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		3
Benzodiazepines	negative		ne	negative
ACB	neesti	Cannabinoid 1		_
MACB	negative negative		ite	POSITIVE
COMMENTS:	_			
				*****
				* TEST RESULT *
				* DOGTOR

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in pecimen.

esults Certified by: LING LIU

Date: 03/18/92

POSITIVE \*



1505-A O'Brien Drive, Menlo Park, CA 94025

### CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED	- Career	Ų,	09	A	T	I	0	N
	1							

Specimen No.

0004930341

CH	AIN OF CUSTODY FOR DRUG ANALYSIS	Speciment No.
Resu	Its Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office	Employer's Name and Address Federal Probation
66	58 Euclid Avenue #605 Leveland, OH 44114	
		Account No. 100620101
Colle	ction Site and Address	Special Tests Requested
	-Team II	PLAINTIFF'S EXHIBIT
Loca	tion Code:	
	Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  O 0	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
00000		Diff Sample (Collect only if required by Client)  Yes No
ETE	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 3-5-92
OMP	Specimen Identification (This information will appear on all copies.)	Social Security #
COLLECTOR COMPLETES	Remarks Concerning Collection	Temperature
COLL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that a collected, labeled and sealed in accordance with the instructions provided.
		Collector's Signature
DONOR DMPLETES	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accomp the specimen container was sealed with a tamperproof seal in my presence an to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that d that the Information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information

Apply ▶
Barcode
vertically
on bottle



COLLECTOR'S SIGNATURE

PLACE OVER CAP OF SPECIMEN

Donor's Signature or Initials

SPECIMEN NO. 2004930341

DONOR'S SIGNATURE OR INITIALS

PharmChem Laboratories, Inc.

USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.

Shipper	Airbill #	Date Shipped	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- · Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

ACCOUNT NUMBER:	100620101	BARCODE NUMBER: 004930341
SEND TO:		SPECIMEN ID:
ATT: Keith A. Koenning	, CUSPO	SPECIMEN ID:
U.S. Probation Office		SPECIMEN DATE: 03/05/92
310 Lakeside West Ste	400	TEST TYPE:
Cleveland, OH 44113		LOCATION CODE:
		ACCESSION NUMBER: 004580624
		DATE RECEIVED: 03/10/92
Old Acct. No: FP 62A		DATE REPORTED: 03/12/92
		AND DETECTION LEVELS
Drug or		tial Test Confirmation Test
Drug Class	Method	CutOff Method CutOff
Amphetamines	EMIT	1000 ng/ml GC/MS 250 ng/ml
Barbiturates	EMIT	300 ng/ml GC 500 ng/ml
Benzodiazepines	EMIT	300  ng/ml GC $200  ng/ml$
Cocaine Metabolite	EMIT	300  ng/ml GC $300  ng/ml$
Methadone	EMIT	300 ng/ml GC 300 ng/ml
Opiates	EMIT	300 ng/ml GC/MS 150 ng/ml
Phencyclidine Cannabinoid 100	EMIT	25 ng/ml GC/MS 25 ng/ml
cannabinoid 100	EMIT =========	100 ng/ml HPTLC 50 ng/ml
		ST RESULTS
Drug or	Test	Drug or Test
Drug class	Result	
Amphetamines		Cocaine Metabolite
Amphetamine	negativ	
Methamphetamine	negativ	
Barbiturates Amobarbital		Methadone negative
Butabarbital	negativ	
Butalbital	negativ negativ	
Pentobarbital	negativ	1 1
Phenobarbital	negativ	
Secobarbital	negativ	
Benzodiazepines		Cannabinoid 100
ACB	negativ	
MACB	negativ	
COMMENTS:		*******
		* TEST RESULT *
		* POSITIVE *
		**************************************

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 03/12/92

LABORATORIES, IN	FED PROBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0005155086
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address  Federal Probation  B19
	Account No. 100620303
Collection Site and Address  A.bm	Special Tests Requested 19
ocation Code:	
Reason For Test (Check One)  O1 Preemployment  O2 Random  O3 Accident  Specimen Type  Urine  Blood  Urine and Blood	Periodic Reasonable Other Othe
Specimen Identification (This information will appear only on plies 1,3.)  Specimen Identification (This information will appear on all copies.)  Remarks Concerning Collection  COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has be	Date Collected 3 2 4 9 2  Social Security # 279-48-5742  Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has be	form is the specimen presented to me by the donor providing the certification below, the donor providing the certification below, the central collected, labeled and sealed in accordance with the instructions provided.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen account the specimen container was sealed with a tamperproof seal in my presence to the analysis of the specimen accompanying this form by the laboratory are recorded on this form to the organization and/or individual listed on this form	ompanying this form is my own and that I provided it to the collector. Further, I certify the and that the information provided on this form and on the label is correct. Also, I consend to the release by the laboratory of the results of the availysts as well as the information.  Donor's Signature or Initials
Apply ► Barcode	
Apply Barcode vertically on bottle  E SECOND SEAL AND RCODE FOR BLOOD SPLIT SAMPLE.  COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 0005155086 S  DONOR'S SIGNATURE OR INITIALS

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC. ABORATÓRY

505-A O'Brien Drive, M	enlo Park, C	A, 94025		REPORT
CCOUNT NUMBER:	100620303	BARCODE NUMBER:	========	005155086
END TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/24/92
Old Acct. No: FP 62C		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004688507 03/28/92 03/31/92
		AND DETECTION LEVI		
Drug or Drug Class	Method	tial Test CutOff	Method	ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		ST RESULTS		
Drug or Drug class	Test Result	Drug Drug c	lass	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital	negative negative	Cocaine Meta Benzoylec Methadone Methadone	abolite	negative negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative negative	Codeine Hydromorph Morphine		negative negative negative
Secobarbital Benzodiazepines ACB MACB	negative negative	Cannabinoid THC Metabo	100	negative POSITIVE
COMMENTS:				**************************************

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that pecimen.

lesults Certified by: MIKE MCMANAMON

Date: 03/31/92

POSITIVE \*



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TINTALVOIC	Old Lan Minio
	TOTAL

NOVEMBER, 1991 MONTH:

RESULT

DATE 10-16

10-21

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MONTH: OCTOBER, 1991

DECEMBER, 1991

MONTH:

RESULT N				
11-8				

FEBRUARY, 1992		RESULT (P)	
MONTH:	MOINTH:	DATE 22-14 22-14 22-14 22-14	

MARCH, 1992

MONTH:

JANUARY, 1992

MONTH:

01-1

RESULT

DATE 3-6

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	APPEALS DOCKET NO.	5. FOR (DI	STRICT/CIRCUIT)	6. LOC. CODE		7. CHARGE/OFFE		other code cit	tation)	7A. CASE C
		N.D.	OKLAHOMA	OENT	J			30701 0000 011		PR
8.	IN THE CASE OF				9. PERSON	REPRESENTED (FUL	L NAME)			9A. NO.
	United States	VS	Ladd		Da	wid Royce L	edd	T	I	PEPRE
10	PERSON REPRESENTED (STAT	US)		-	11. PROCEE	DINGS (Describe brie	fly)			L.
	DEFENDANT-ADULT DEFENDANT-JUVENILE	3 🗆 APPI		ER						
	PAYMENT CATEGORY	4 🗆 APPI			-	- ALL PRO	CLEDING	S -	API	213 K
		ETTY OFFE	NSE E OTHER							
	B II MISDEMEANOR D II A	PPEAL	probation	violation				Rici	hard M.	Lawien
	COURT ORDER  Appointing Counsel F	☐ Subs. for	ED		14.	FULL NAME OF ATTO Including Suffix) AND	PRNEY/PAYE	E (First Name	基果	ALC: C
	C D Co-Counsel R		Retained Atty.			John Dowdel		JHESS	ALEXANDER SAL	SIRM OF B
F	D Subs. for Panel Atty		lame of prior panel atto	200014	[	2300 Mid-Co		Tover		
		,	iame of prior parier atte	orney		Tulsa, OK				
P	Appt. Date		Voucher No							
					15.	WORK PHONE		he attorney hasee Instruction		
E	Because the above-named "person therwise satisfied this court that I	n represented	d" has testified under o	path or has	918/	/583-7571	includir	ng a professio	nal corpor	ation?
а	ind (2) does not wish to waive cor	unsel, and be	cause the interests of	justice so require.		B. SOCIAL SECURITY		16C. EMPL	OVEDIA	NO
tl	he attorney whose name appears his case.	in item 14 is	appointed to represen	t this person in	108	Only provide per in:	structions)			NO. r instruction:
P.					160	D. NAME AND MAILING	ADDDESS	JE I AM EIDA		
-	0 40					(Only provide per ins	structions)	JI LAWY FIRM		
	Sig. of Presiding Judicial Office	r or By Orde	r of Court (Clerk/Depu	ty)						
b	March 30, 1992									
=	Date of Order		Nunc Pr	o Tunc Date	_					
	-		CLAI	M FOR SERVI	CES OR EX	XPENSES				
	SE	RVICE		HOU			TES .		Multiply rai	te per hour
17.	a. Arraignment and/or Plea								times total obtain "In (	hours to
	b. Bail and Detention Hearings								compensa	
	c. Motions Hearings	-							Enter total	holow
ï	d. Trial								17A. TOTA	
COURT	e. Sentence Hearings								COU	RT COMP.
Z	f. Revocation Hearings									
	g. Appeals Court									
	h. Other (Specify on additional									
	(Rate per hour = \$	60	) TOTAL HOURS =					5	\$	
8.	a. Interviews and conferences									e per hour
2003	b. Obtaining and reviewing reco							1	times totat total "out o	hours. Enter f court"
	c. Legal research and brief writi								compensat	
5	d. Travel time (Specify on additi							1		L OUT OF
3	e. Investigative and other work (								COUF	RT COMP.
9.	(Rate per hour = \$4		) TOTAL HOURS =						<b>B</b>	
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	CERTIFICATION OF ATTORNEY.  ☐ Final Payment   ☐ Interim Pa	ayment No NO If yes, to anyone el	Has comp by whom were you pa se, in connection with	ud?	How much?	for work in this case p	the nomen r	applied for?	□ YES	□ NO
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	IN THE UNITED STA	ATES DISTRICT COURT $F$ $I$ $L$ $E$	, D
UNITED STATES		APR 13 1992  Richard M. Lawrence, C.  U.S. DISTRICT COURT	. (
Vs.	}	No. 89-CR-083-005-E	ļ
DAVID ROYSE LA	ADD,		
	Defendant. )		

### ORDER

The Court has for its consideration defendant's application to reschedule the hearing set on a Petition on Probation ("Petition"). The Petition is currently set to be heard on April 14, 1992, at 1:00 p.m. Upon consideration of the Application, the lack of objection by the government, and for good cause shown, it is hereby ordered that the April 14 hearing is stricken and rescheduled for May 13, 1992, at 9:00 A.m.

DATED this 13 day of April, 1992.



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			En
IN	THE	UNITED STATES DISTRICT COURTS NORTHERN DISTRICT OF OKLAHOMA 0	7 1
FOR	THE	NORTHERN DISTRICT OF OKLAHOMA! ()	1900

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UNITED STATES OF AMERICA,	NORTH STORY
Plaintiff,	)
VS.	No. 89-CR-083-005-E
DAVID ROYSE LADD,	)
Defendant.	)

### APPLICATION TO RESCHEDULE HEARING

Defendant, David Royse Ladd, hereby respectfully requests that the hearing on the Petition on Probation, currently scheduled for April 14, 1992, at 1:00 p.m., be rescheduled. In support of this Application, Ladd states:

- 1. The undersigned counsel was appointed by the Court to represent Mr. Ladd on Thursday, April 2, 1992.
- 2. Additional time is necessary to obtain and review the papers relating to these proceedings, and to confer with Mr. Ladd in connection with the alleged parole violations.
- 3. Moreover, counsel is committed to be out of state on April 13 and 14 in connection with discovery obligations in another case pending in this Court (Bizjet International Sales & Support, Inc. v. Pratt and Whitney Canada, Inc., et al., United States District Court for the Northern District of Oklahoma, Case No. 91-C-904-B).
- 4. The representative of the United States Probation Office assigned to this matter, Mr. Scott Kallenberger, has informed defendant's counsel that the Petition on Probation will likely be

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amended to include additional alleged parole violations. Therefore, the current setting would be premature should an amended petition be filed shortly, as expected.

5. Neither Mr. Kallenberger nor the government has any objection to rescheduling this hearing.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the hearing on the Petition for Probation, currently set for April 14, 1992, at 1:00 p.m. Defendant requests that the hearing be scheduled at least thirty (30) days hence so that Mr. Ladd (who resides in Ohio) will have ample time to make travel arrangements, and so that defendant and his counsel will have the opportunity to fully explore the allegations which are the subject of the petition.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH 2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant, David Royse Ladd

### CERTIFICATE OF MAILING

I hereby certify that on this 10th day of April, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

Scott Kallenberger United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, Oklahoma 74101

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

by depositing said copy in the United States Mail, with proper postage thereon prepaid.

John E. Dowdell

FILED

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA UNITED STATES OF AMERICA, U.S. Plaintiff, Case No. 89-CR-83-05-E DAVID ROYCE LADD Defendant, ORDER APPOINTING COUNSEL On March 30, 1992, the above-named completed an affidavit as to financial ability to employ counsel, and upon review, the Court finds that the affiant is financially unable to obtain counsel. In accordance with the Northern District of Oklahoma Plan for Implementing the Criminal Justice Act of 1984, IT IS HEREBY ORDERED that the: Federal Public Defender is appointed to represent the above-named defendant in all further proceedings unless and until relieved by order of the Court. Federal Public Defender shall forthwith furnish the name(s) of a private attorney or attorneys, as necessary, for appointment to represent the above-named defendant. Defendant will reimburse the government for reasonable cost of providing representation in accordance with his/her ability to pay as determined by further order of the Court. Federal Public Defender is temporarily appointed to represent the above-named defendant for purposes of initial appearance only.

Dated this 30TH day of MARCH , 1992.

JOHN LEO WACKER,/ UNITED STATES MAGISTRATE JUDGE

both, (18 USC 1001).

# APPOINTMENT OF COUNSEL UNDER THE CRIMINAL JUSTICE ACT

# **UNITED STATES DISTRICT COURT**

for the

	thern District of Oklahoma
let of Ohio	Register No.
le g	U.S. Court Docket No. 89-CR-083-005-E
	IN THE MATTER OF STATEMENT OF
	PROBATION
	ROLEE OR MANDATORY RELEASEE CONCERNING F COUNSEL UNDER THE CRIMINAL JUSTICE ACT
my rights as set forth in the attach (Summons to Appear) understand counsel to assist or represent me representation by counsel will be	, having been fully advised of the charges against me and of sed copy of the (Notice of Pending Dispositional Review) (Warrant Application) d that I may apply to the United States District Court for appointment of in this matter before the United States Parole Commission, and that such furnished to me if the judicial officer determines I am financially unable to
obtain attorney representation;	
Pursuant to such notification of	concerning appointment of counsel, I do not wish to apply to the District Court for appointment
of optimisel.	I do not wan to apply to the District Court for appointment
2. Abyl Charles	I do hereby apply to the District Court for appointment of counsel
and in connection with this app	olication I state as follows concerning my financial condition:
I am	Employed Unemployed
If employed, state weekly inco	ome
Cash on hand and in bank	s weekly income s
Number of dependents	<u>5</u>
Property owned:	
	I certify the above to be correct!
	(Signature of Applicant)
Witness:	
WAL Schedulum (Signature and Title	gn USPO
DATE: 3-16-92	

A false or dishonest answer to a question in this application may be punishable by fine or imprisonment or

(PROB 12) (MOD 06/91)

# UNITED STATES DISTRICT COURT

FILED

for

MAR 9 1992

## NORTHERN DISTRICT OF OKLAHOMA

Richard M. Lawrence, Clerk U.S. DISTRICT COURT

U.S.A. vs. Ladd, David Royce

Docket No. <u>89-CR083-05-E</u>

### Petition on Probation

COMES NOW Mr. Henry Serna PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of Ladd, David Royce who was placed on supervision by The Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 19 90 who fixed the period of Probation supervision at 5 years, and imposed the general terms and conditions of Probation theretofore adopted by the court and also imposed special conditions and terms as follows:

The offender participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

## RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

Since the Violation Report dated 01/16/92, we have received documentation that Mr. Ladd has continued to abuse marijuana. Mr. Ladd provided urines on 01/10/92 (certified by PharmChem 01/17/92) 01/13/92 (certified 01/22/92), 01/14/92 (certified 01/22/92), 01/17/92 (certified 01/24/92), 01/21/92 (certified 01/28/92), 01/24/92 (certified 01/30/92) and 02/07/92 (certified 02/13/92) which tested positive for the presence of marijuana.

PRAYING THAT THE COURT WILL ORDER a summons.

ORDER OF COURT

Considered and ordered this 6 day of Much.

19 22 and ordered filed and made a part

of the records in the above case.

U.S. DISTRICT JUDGE

Respectfully,

Mr. Henry Serna

U.S. Probation Officer

Place Cleveland, Ohio

Date February 19, 1992

ARA PAR

US A M. Loran Eugene Hall, Sr.

Pldg # 99

Ordered Sealed in Vault

I also minute sheet from 7/2/91

# UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,	U.S. DISTRICT COUF
Plaintiff,	}
vs.	Criminal No. 89-CR-83-01-E
LORAN EUGENE HALL, SR.,	) ) ) OBA #1256
Defendant.	) OBA #1230

### MOTION TO SUBSTITUTE COUNSEL FOR SENTENCING AND BRIEF IN SUPPORT

COMES NOW the defendant, LORAN EUGENE HALL, SR., by and through his attorney of record, Paul D. Brunton, and requests this Court to allow the substitution of counsel at the defendant's sentencing on July 2, 1991.

Defendant's counsel of record, Paul D. Brunton represents to the court that he will be unavailable for the sentencing of Loran E. Hall, Sr. on July 2, 1991. Counsel has contacted the defendant in Wichita, Kansas who has indicated that he has no objection to the substitution of William E. Erickson for Paul D. Brunton. Counsel has further contacted A.U.S.A., Jack Morgan who indicates that he has no objection to the substitution of counsel as referenced above.

WHEREFORE the defendant respectfully requests that the Court grant the defendant's request for substitution for counsel at the sentencing now set for July 2, 1991.

Respectfully submitted.

Paul D. Brunton

OBA NO. 1256

Attorney for Defendant

LORAN EUGENE HALL, SR.

1310 South Denver Avenue Tulsa, Oklahoma 74119

(918) 582-1993

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## CERTIFICATE OF DELIVERY

I hereby certify that on this day of	, 1991, a true and correct copy of
the above and foregoing Motion for Substitution of Coun	isel, was delivered to A IIS A Tack
Morgan, United State's Attorney's office, 3600 U.S. Court	house, Tulsa, Oklahoma, 74103.

PAUL D. BRUNTON

JUL 2 1991 0

# UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

Jack C. Silver, Clerk U.S. DISTRICT COURT

UNITED STATES OF AMERICA,	)
Plaintiff,	)
vs.	Criminal No. 89-CR-83-01-E
LORAN EUGENE HALL, SR.,  Defendant.	OBA #1256

## ORDER ALLOWING SUBSTITUTION OF COUNSEL

NOW on this 2 day of July, 1991 having read the defendant's motion for substitution of counsel and brief in support, orders that same should be granted.

IT IS THEREFORE ORDERED ADJUDGED AND AGREED that Paul D. Brunton's appearance will be substituted by that of William E. Erickson for the defendant, Loran E. Hall, Sr.'s sentencing before the Court on July 2, 1991.

JUDGE OF THE DISTRICT COURT

THIS ORDER IS TO BE MAILED BY MOVANT TO ALL COURSEL AND LIPO SELFMEANTS IMMEDIATELY. UPON RECEPT. W

	S DISTRICT COURT FOR THE DISTRICT OF OKLAHOMA
	FILED
UNITED STATES OF AMERICA,	
Plaintiff,	JUL - 1 1901 AS
VS.	U.S. DISTRICT COURT
LOREN EUGENE HALL, SR.	COURT
Defendant.	) No. 89-CR-83-01-E

### SUBSTANTIAL ASSISTANCE MOTION

Comes now the government and advises the Court that the above defendant pleaded guilty herein on the 11th day of February, 1991. His sentencing is currently scheduled for July 2, 1991 at 1:00 p.m.

This defendant, Loren Eugene Hall, Sr. has made a good faith effort to provide substantial assistance in the investigation and/or prosecution of other persons who have committed federal offenses.

Pursuant to the provisions of the Sentencing Guidelines §5K1.1, the government moves for the Court to depart from the guidelines to grant this defendant an appropriate reduction in sentence.

Reasons for the Court to consider such a downward departure, is the conduct of the defendant, which conduct, for

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security reasons, should be presented <u>in camera</u>, to the Court at time of sentencing, or any other time so ordered.

Respectfully submitted,

TONY M. GRAHAM
United States Attorney

JOHN S. MORGAN

Assistant United States Attorney 3600 U.S. Courthouse 333 West Fourth Street Tulsa, Oklahoma 74013

### CERTIFICATE OF SERVICE

This is to certify that on the \_\_\_\_\_ day of July, 1991, a true and correct copy of the foregoing was mailed, postage prepaid thereon, to: Paul Brunton, Esq., 1310 S. Denver, Tulsa, Oklahoma 74119.

Assistant United States Attorney

JSM:vjg

RE: LADD, David Royse 89-CR-083-005-E

# United States District Court

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Northern

District .

Ohio

JUN 1 3 1991

NORTHERN DISTRICT OF OKLAHOMA

Jack C. Silver, Clerk U.S. DISTRICT COURT

Waiver of Hearing to Modify Conditions U of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

- 1) "You shall reside in and participate in a program of residential drug treatment facility, as instructed by the U. S. Probation Office until discharged by the director."
- 2) "That the defendant participate in mental health counseling at the discretion of the U. S. Probation Office."

Witnessa

**Probation Officer** 

Signed:

Probationer or Supervised Releasee

5-30-9

Date

PROB 12 (Rev. 4/90)

# FILED

JUN 1 2 1991 OUT

## Jack C. Silver, Clerk U.S. DISTRICT COURT

## UNITED STATES DISTRICT COURT

#### NORTHERN DISTRICT OF OKLAHOMA

U.S.A. vs. David Royse Ladd DOCKET NO. 89-CR-083-005-E

#### PETITION ON PROBATION AND SUPERVISED RELEASE

COMES NOW Scott Kallenberger PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of David Royse Ladd who was placed on supervision by the Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 1990, who fixed the period of supervision at five years probation, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

You shall submit to urinalysis as directed by the U.S. Probation Office.

You shall not possess a firearm or other dangerous weapon without permission of the U.S. Probation Office.

You shall participate in a program for the treatment of substance abuse at the discretion of the U.S. Probation Office.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

Since July, 1990, Ladd has been monitored under courtesy supervision by the Northern District of Ohio. Ladd has not responded well to supervision efforts to assist him with his drug dependency problem. Urinalysis administered on March 16, 1991, returned positive for Benzodiazepines. Urinalysis taken on April 22, 1991, tested positive for Codeine and Morphine. A formal evaluation and assessment conducted by the Quest Recovery Services Program in Canton, Ohio, on May 15, 1991, determined that intensive out patient care would be ineffective in Ladd's case. Residential treatment was recommended.

PRAYING THAT THE COURT WILL ORDER that the conditions of supervision be modified to include the following additional conditions:

You shall reside in and actively participate in a program of residential drug treatment, as directed by the U. S. Probation Office until discharged by the director.

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You shall participate in mental health counseling at the discretion of the U.S. Probation Office.

#### ORDER OF COURT

Considered and ordered this day of <u>June</u> 1991 and ordered filed and made a part of the records in the above case.

James O. Ellison
U. S. District Judge

Respectfully,

Scott Kallenberger, Senior U.S.Probation Officer

Place <u>Tulsa, Oklahoma</u>

Date <u>June 11, 1991</u>

### IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

MAY 2 9 1991 OUT

UNITED STATES OF AMERICA,	U.S. DISTRICT COURT
Plaintiff,	{
vs.	Criminal No. 89-CR-83-001-E
LORAN EUGENE HALL, SR.,	) ) ) OBA #1256
Defendant.	)

### ORDER

NOW, on this 29 day of \_\_\_\_\_\_\_, 1991, this Court having read the defendant's Application for Continuance hereby acknowledges the facts as stated and grants this continuance.

> JUDGE JAMES O. ELLISION UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

MAY 29 1991 65

**OBA# 1256** 

OBA#13102

UNITED STATES OF AMERICA	Jack C. Silver, Clerk U.S. DISTRICT COURT
Plaintiff, vs.	) No. 89-CR-83-001-E
LORAN E. HALL SR.	OBA# 1256
Defendant.	}

## APPLICATION FOR CONTINUANCE

COMES NOW the defendant by and through his attorney Paul D. Brunton and request this honorable court to continue the sentencing of Loran E. Hall, Sr. now set for May 30, 1991, at 1:00 p.m. Federal authorities in Wichita, Kansas are in still in the process of verifying information provided by Mr. Hall, and further time is needed for this purpose.

A.U.S.A. Jack Morgan has no objection to the continuance of this matter.

THEREFORE counsel for the defendant requests this Honorable Court to continue the defendant's sentencing now set for May 30, 1991, at 1:00 p.m. for approximately 30 days.

PAUL D. BRUNTON
WILLIAM E. ERICKSON
Attorney for Defendant

LORAN E. HALL SR. 1310 South Denver Avenue Tulsa, Oklahoma 74119

(918) 582-1993

CERTIFICATE OF DELIVERY

Now on this Iday of May, 1991, the defendant delivered a true and correct copy of the above and foregoing Application for Continuance to A. U. S. A. Jack Morgan, 333 West Fourth Street, Tulsa, Oklahoma 74103.

Paul D. Brunton

William E. Erickson

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# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

APR 2 5 1991

Jack C. Silver, Clerk U.S. DISTRICT COURT

UNITED STATES OF AMERICA,	U.S. DISTR
Plaintiff,	
VS.	) Criminal No. 89-CR-83-001-E
LORAN EUGENE HALL, SR.,	)
Defendant	) OBA #1256

## **ORDER**

NOW, on this <u>35</u> day of <u>Opril</u>, 1991, this Court having read the defendant's Application for Continuance hereby acknowledges the facts as stated and grants this continuance.

The defendant's sentencing now set for April 29, 1991, at 1:15 p.m. is hereby re-scheduled for the  $30^{4}$  day of 991, at 991, at

JUDGE JAMES O. ELLISION
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

# K

# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA	)	
Plaintiff,	No. 89-CR-83-001-E	D
VS.	APR 2 5 1991	Co
LORAN E. HALL SR.	,	
Defendant.	OBA# 1256  Jack C. Silver, Cler U.S. DISTRICT COU	RT

## **APPLICATION FOR CONTINUANCE**

COMES NOW the defendant by and through his attorney Paul D. Brunton and request this honorable court to continue the sentencing of Loran E. Hall, Sr. now set for April 29, 1991, at 1:15 p.m. Federal authorities in Wichita, Kansas are in the process of verifying information, as agreed to be provided between the defendant and the government. Federal authorities in Wichita suggest 30 days should allow time to verify the information given by the defendant.

A.U.S.A. Jack Morgan has no objection to the continuance of this matter.

THEREFORE counsel for the defendant requests this Honorable Court to continue the defendant's sentencing now set for April 29, 1991, at 1:15 p.m. for approximately 30 days.

PAUL D. BRUNTON
WILLIAM E. ERICKSON
Attorney for Defendant

OBA#13102

LORAN E. HALL SR. 1310 South Denver Avenue Tulsa, Oklahoma 74119

(918) 582-1993

## CERTIFICATE OF DELIVERY

Now on this day of Application for Continuance to A. U. S. A. Jack Morgan, 333 West Fourth Street, Tulsa, Oklahoma 74103.

Paul D. Brunton

William E. Erickson